

# **EXHIBIT 4**

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION**

|                                      |   |                           |
|--------------------------------------|---|---------------------------|
| K.C., <i>et al.</i> ,                | ) |                           |
|                                      | ) |                           |
| Plaintiffs,                          | ) |                           |
|                                      | ) |                           |
| v.                                   | ) | No. 1:23-cv-00595-JPH-KMB |
|                                      | ) |                           |
| THE INDIVIDUAL MEMBERS               | ) |                           |
| OF THE MEDICAL LICENSING             | ) |                           |
| BOARD OF INDIANA, in their           | ) |                           |
| official capacities, <i>et al.</i> , | ) |                           |
|                                      | ) |                           |
| Defendants.                          | ) |                           |

**EXPERT DECLARATION OF DANIEL WEISS MD**

I, Daniel Weiss MD, hereby declare and state as follows:

**Background and Qualifications:**

1. I am a physician who is Board Certified in Internal Medicine and Diabetes/Endocrinology and Metabolism.

2. I completed my undergraduate work at Columbia University in New York where I majored in chemistry. I was offered a fully paid scholarship to Massachusetts Institute of Technology to continue graduate work in chemistry. However, since fourth grade, I was fascinated by the wonders of the human body and wanted to be a physician.

3. I obtained my medical degree at the University of Texas Southwestern Medical Center in Dallas. I went on to a residency in internal medicine at Upstate Medical Center in New York and then to the University of Iowa Hospitals and Clinics where I completed a fellowship in endocrinology. I was on staff at the University of Iowa Hospital and Clinics for two years, receiving an award for teacher of the year.

4. I have been in practice in endocrinology from 1986 until 2022. I was the sole endocrinologist in a group of 110 physicians before establishing an independent practice in 2003. I have provided care for adults and children.

5. While in Iowa and Ohio, I had academic appointments and mentored many medical students, advanced practice nurses and residents in their training. I have been a manuscript reviewer for peer reviewed journals and have been an author of original research papers.

6. I had been a member of The Endocrine Society since 1990 but I cancelled my membership in 2022 after the repeated failure to respond to my concerns about its promotion of hormonal interventions in children with possible gender-related distress.

7. I have served as the principal investigator in over 100 clinical research trials involving adults and children. As a Certified Physician Investigator, I have expertise in the strict international principles and ethical standards governing clinical research.

8. For about a decade (2003–2013) during my independent practice, I was the principal physician in northern Ohio offering hormonal treatment for adults with gender dysphoria. I was the “go to” physician listed on the principal LGBTQ website. I provided hormonal care for approximately 100 persons as young as 18. However, I stopped seeing new patients with gender incongruence when I realized the lack of benefit and the potential harm these treatments caused. I also found that these persons had minimal psychologic evaluation for their psychic distress.

9. I joined a group practice in Utah in December 2022. I continue to provide care for adolescents and persons into their 90s. Unlike most pediatricians, my care and follow up of patients does not stop when the person turns 18.

10. As a specialist in internal medicine and a sub-specialist in endocrinology, I have training in diagnosing and treating patients with some mental health disorders including depression. I have treated many patients over more than 35 years of practice.

11. I am licensed to practice medicine in both Ohio and Utah.

My comments do not reflect the views of my employer, Intermountain Health.

**Compensation and Previous Testimony:**

12. I am compensated at five hundred dollars per hour. My compensation does not depend on the outcome of this case.

13. I have been designated an expert witness in two other cases not related to gender dysphoria: *Susan Platz et al. v. Mike Karpinecz, et al.* (Geauga County Court of Common Pleas Case No. 20P000218) (2022) (a driver, Karpinecz, with diabetes was accused of causing a motor vehicle accident because of a low blood sugar); *William Blair v. U.S. Airways* (Northern District of Ohio) (1994) (Blair, a passenger on a U.S. Air flight that crashed after takeoff, claimed that the crash caused him to get diabetes).

14. I have been designated and asked by defendants to provide an expert opinion on my clinical experience treating adults with gender dysphoria and the scientific literature regarding the diagnosis and treatment of gender dysphoria.

**Bases for Opinions:**

15. In preparing this declaration, I have reviewed Indiana Senate Enrolled Act 480, the complaint, the medical records of the plaintiff children that have been shared with me, the declarations of the plaintiffs' experts, and the references that I have cited in this declaration.

16. I am basing my opinion on my experience, my expertise, and a critical review of the scientific literature and publications on this subject. This is the same approach that others in my field would rely upon in forming an opinion.

17. Note that I will comment in areas of psychology and surgery based upon published evidence and analysis of methodology of those reports. Any well-trained practicing physician must be able to analyze evidence with a careful reading of published literature. Doctors who are unable to do so cannot provide good care for their patients.

### **Expert Opinions:**

#### **Sex and Gender**

18. Sex is identified at birth, not “assigned.” There are two biologic sexes male and female.<sup>1</sup> Examination of an infant’s external genitalia will immediately and accurately identify whether that infant is male or female. Only rarely are the genitalia ambiguous at birth and the sex of the child is uncertain. The incidence of intersex or ambiguous genitalia is estimated to occur in less than 1 in 10,000 births.<sup>2</sup>

19. Males have XY chromosomes in their cells and females have XX chromosomes. Genetic analysis can be performed in those rare cases of ambiguous genitalia.

20. Sex, as defined by biology and reproductive function, is clear, binary, and cannot be changed. The Endocrine Society states that sex is a biological concept, “all mammals have two distinct sexes,” and “in mammals, numerous sexual traits (gonads, genitalia, etc.) that typically differ in males and females are tightly linked to each other.”<sup>1</sup>

21. While hormonal and surgical procedures may enable some individuals to appear to others as the opposite sex during some of their lives, no procedures can enable an individual to perform the reproductive role of the opposite sex.

22. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the manual used by clinicians and researchers to diagnose and classify mental disorders. The latest version is called DSM-5-TR.<sup>3</sup> In the DSM, gender dysphoria is defined in children as a marked incongruence between one's experienced/expressed gender and "assigned" gender, lasting at least six months, as manifested by at least six of the following (one of which must be the first criterion)<sup>3</sup>:

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender);
- In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing;
- A strong preference for cross-gender roles in make-believe play or fantasy play;
- A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender;
- A strong preference for playmates of the other gender;
- In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities;
- A strong dislike of one's sexual anatomy; or
- A strong desire for the physical sex characteristics that match one's experienced genders

23. In adolescents, the DSM-5-TR criteria invokes "clinically significant distress" as a criterion for diagnosis.<sup>3</sup>

24. Gender dysphoria may be influenced by what is considered stereotypic masculine and feminine behavior in society. The psychiatrist Dr. Stephen Levine writes: “what must a 12-year-old, for example, understand about masculinity and femininity that enables the conviction that ‘I can never be happy in my body’?”<sup>4</sup> I would ask the same of a 4-year-old. Two plaintiffs, in this case were said to have gender dysphoria at age 4.

25. In addition, adolescents can be strongly influenced by their peers or social media.<sup>5,6</sup> One series of 1,655 youth, mean age of 15.7 years, reported that 55% had friends who also “came out” as transgender around the same time.<sup>6</sup>

### **The role of the psychotherapist in treating youth with gender dysphoria**

26. The goal of treating children with gender dysphoria is to resolve their gender related distress. The treating endocrinologist must bear this in mind. There are no standards of care accepted by most practitioners, either internationally or within the United States. In 2021, the Royal Australian and New Zealand College of Psychiatrists issued a position statement with the key message that there is “mixed evidence regarding treatment options for people with gender identity concerns, especially children and young people.”<sup>7</sup> Many psychotherapists and psychologists believe it is essential to explore the factors that might have led to the patient’s rejection of their natal sex.<sup>8-10,11</sup> Psychotherapy can be very beneficial in patients with gender dysphoria and lead to their desistance.<sup>12,13</sup>

27. Some clinicians think that children must be simply “affirmed” in their expression of transgender identity. But clinicians who without question “affirm” the child’s self-diagnosis will fail to address psychiatric co-morbidities that may underlie the rejection of their sex. A history of bullying, sexual abuse, social isolation, anxiety, emotional or physical trauma all may contribute to the child’s distress from the perceived gender incongruence.

28. I reviewed the records of A.M., K.C., and M.W., all plaintiffs in this case. All had multiple serious psychiatric comorbidities including anxiety, depression, and self-harm behavior. The health care providers did not address these problems. All care has been focused on gender affirmation.

29. One child, A.M., had been physically and sexually abused by the biologic father. Puberty blockers are not a treatment for post-traumatic stress disorder.

30. Another child, K.C., was socially transitioned at age 4 by the parents, both of whom are biologic males and one of whom identifies as transgender. K.C. also has multiple chronic medical problems.

31. The mother of M.W. questioned the rapid onset of gender dysphoria in her daughter. However, after a telephone call with a health care provider, she no longer expressed concern, though the file does not explain why. M.W., a 16-year-old female was given testosterone on the second office visit. The first visit was a video/televisit. Mastectomy is now planned.

32. M.R., a 15-year-old female, had a history of self-harm, isolation, depression, and poor school performance. M.R. was hospitalized for suicidal ideation in February 2023. One week later, at the first visit with a family practice physician, Dr. Catherine Bast, testosterone was prescribed. There was no exploration of these co-morbidities. All were attributed to gender. A “consent” form, called “Informed Consent for Balancing Hormones in Gender Diverse people,” was signed by this child and mother. Unknowns and potential harms were minimized on this form. Among the potential undisclosed harms are infertility, baldness, and an increased risk of heart attacks and strokes.



33. I am concerned about “the one size fits all” protocol of puberty blockers, opposite-sex hormones, and soon, surgery, for complex children who have already been terribly traumatized. This “assembly line” of harm has been revealed at other gender clinics.<sup>14,15</sup>

34. With gender identity issues, open, exploratory supportive psychotherapy or talk therapy is too often dispensed with entirely.

35. A study was commissioned by the United Kingdom (UK) government to evaluate the care provided at their world-famous Gender Identity Development Service (GIDS). That study revealed that there was overlooking of or “overshadowing” of other psychologic issues by an inappropriate focus on gender.<sup>16</sup> Other healthcare needs were not addressed once “gender related distress” was identified.<sup>16</sup>

#### **What happens to those with gender dysphoria without medical intervention?**

36. Eleven studies reveal that approximately 90% of children who are diagnosed with gender dysphoria, if left untreated, will “desist,” meaning that their gender dysphoria resolves by puberty or adulthood.<sup>17,18,19</sup> Desistance is also increasingly observed among teens and young adults who have experienced “rapid onset gender dysphoria”—first manifesting gender dysphoria during or shortly after adolescence.<sup>20</sup> For these youth, various psychosocial factors including pressure from peers and social media strongly influenced their decision to transition with no previous sign of gender dysphoria.<sup>20</sup>

37. A European study reported on 201 young adults seen on average five years earlier in gender clinics of Netherlands, Germany, and Norway. Fourteen percent of that group had no medical interventions for their gender dysphoria. Nonetheless, those persons exhibited a 67% reduction in their gender dysphoria score.<sup>21</sup> So even in young adults with distress attributed to gender, resolution can occur without medical interventions.

38. The Endocrine Society clinical practice guideline states that “in most children diagnosed with GD/gender incongruence, it did not persist into adolescence.”<sup>22</sup> No test identifies whose gender dysphoria will persist.

39. No other mental disorders listed in the DSM are treated with medication or surgery with the goal of altering body appearance or function.

**World Professional Association for Transgender Health (WPATH) guidelines**

40. The World Professional Association for Transgender Health (WPATH) began in 1979 as a US-based advocacy group for transgender, mostly male to female, adults. Since then, it has issued guidelines on the management of children and adults with gender dysphoria. These guidelines have been adopted and endorsed by many in the healthcare field.

41. In all medical fields, clinical practice guidelines vary in quality. According to the Guidelines International Network<sup>23</sup> and the Institute of Medicine,<sup>24</sup> “trustworthy guidelines” will include the following:

- Utilizing a systematic literature review;
- Establishing transparency and disclosing the methods used for all development steps;
- A multidisciplinary development group;
- Disclosure and management of both financial and non-financial conflicts of interests;
- Clear and unambiguous guideline recommendations;
- Using a specific grading system to rate the strength evidence and recommendations; and
- External peer review.

42. WPATH guidelines fail in all the above criteria required for “trustworthy guidelines.” Furthermore, current WPATH guidelines<sup>25,26</sup> advise no lower age limit for hormonal and surgical interventions in children. Current guidelines do not require dysphoria or distress.

43. WPATH also states that “While marked and sustained gender incongruence should be present, it is not necessary for TGD (transgender and gender diverse) people to experience severe levels of distress regarding their gender identity to access gender-affirming treatments.”<sup>25</sup>

44. WPATH provides guidance for those males who feel they are “nonbinary,” i.e., neither male nor female. Those males might simply want their testes removed to become a eunuch. WPATH provides no lower age limit for those children who might “identify” as a eunuch.

45. These are the guidelines to which some pediatric endocrinologists including Dr. Daniel Shumer adhere. Family medicine physician, Dr. Bast, a plaintiff in this case, also follows those guidelines.

### **History of early medical interventions for gender dysphoria**

46. Researchers in the Netherlands believed that if one could stop puberty before secondary sexual characteristics developed and subsequently administer opposite sex hormones one could most effectively treat gender dysphoria in children. Their so-called “Dutch protocol” was published in 2006.<sup>27</sup> These researchers received funding from a pharmaceutical company selling the puberty blocker triptorelin.<sup>27</sup>

47. The adolescents in this study had to have a “comprehensive psychologic evaluation with many sessions” and could not have “psychosocial problems interfering with assessment or treatment”<sup>28</sup> and required a “good comprehension of the impact of medical interventions.” Therefore, the study subjects were highly selected.<sup>28,29</sup>

48. Note that none of the minors who are plaintiffs in this case would ever have been treated by the Dutch. They all would have been excluded from treatment with puberty blockers or hormones because of their multiple serious “psychosocial problems.”<sup>28</sup>

49. Multiple papers detail the many scientific flaws in the Dutch study, including the lack of a comparison group and the substantial loss to follow up of patients.<sup>30–32</sup> The study started with 111 children but only 55 were analyzed at its conclusion.

50. The principal author of the Dutch studies, a psychiatrist named de Vries, stated recently that “the main finding remains the resolution of gender dysphoria.”<sup>33</sup> They measured dysphoria with the 12 item Utrecht Gender Dysphoria Scale (UGDS). The authors created this measurement tool which they admit “was not designed to be used after treatment.”<sup>33</sup> After opposite sex hormone treatment, the children showed no improvement in gender distress, anxiety, or anger.<sup>29</sup>

51. Later, however, when the Dutch reported their subsequent data, after 55 of these children had “surgical reassignment,” they noted a marked reduction in gender dysphoria.<sup>28</sup> This dramatic change in the UGDS score can be explained because researchers switched the scale from male to female. In other words, females were measured as females before surgery then evaluated as males after surgery, and vice versa. This is scientifically unsound.

52. A recent analysis describes, in a case scenario, how this would work.<sup>30</sup> A severely dysphoric biologic female patient “is asked to answer two of the UGDS questions: ‘Every time someone treats me like a girl I feel hurt’ and ‘Every time someone treats me like a boy I feel hurt’.” It is likely that the patient would *strongly agree* with the first statement and *strongly disagree* with the second. The first answer would lead to the score of ‘5’ on the UGDS gender dysphoria scale, indicating the highest possible level of dysphoria. The second answer—which is effectively the

same answer—would result in the score of ‘1’ indicating the lowest possible gender dysphoria. This is because unlike the first question, which belongs to the ‘female’ battery of questions, the second question belongs to the ‘male’ battery of questions and effectively assumes the subject to be male—hence, the lack of distress of being associated with ‘maleness’ receives the minimum ‘gender dysphoria’ score.”

53. Others have also challenged the validity of the Dutch claims because of this switching of the scale.<sup>3234</sup>

54. It should also be stated in the Dutch study there was one death as a complication of surgery.<sup>28</sup>

55. The Gender Identity Development Service (GIDS) in the United Kingdom began treatment of minors with gender dysphoria in 1989. This was the largest and oldest center in the world treating children with gender dysphoria, until it closed its doors this spring. Since 2009, psychologist Dr. Polly Carmichael has been the director. In 2011, GIDS embarked on a clinical trial in children aged 12–15 in an attempt to investigate the benefits of pubertal suppression. GIDS had been using this treatment for years in slightly older children admittedly without adequate evidence. The research team, therefore, tried to confirm the claims of the Dutch group. Their study included only 44 children and also had no control or comparison group. The children were followed up for up to 3 years on puberty blockers. Finally in 2021, they published their findings: they found no change whatsoever in psychiatric distress with puberty suppression.<sup>35</sup> Dr. Carmichael and colleagues wrote in this paper: more studies were needed to “fully quantify the harms and benefits of pubertal suppression.”<sup>35</sup>

56. In 2007, Dr. Norman Spack elected to recommend treatment similar to those the Dutch described for children in Boston. Clinical practice guidelines were written by the Endocrine

Society in 2009 with Dr. Spack and the Dutch group.<sup>36</sup> At that time, only 100 children had had puberty suppression for gender dysphoria. Since then, The Endocrine Society guidelines have been updated with the last update published in 2017.<sup>22</sup>

#### **Recent data showing no benefit with hormonal interventions**

57. A publication this year described the outcome of treating transgender youth with opposite sex hormones at four U.S. clinics over a two-year period. Their ages ranged from 12-20 with a mean age of 16. This low-quality study (as discussed below) had no control or comparison group and no description of psychologic treatments provided. The authors found no change in depression, anxiety, or life satisfaction in biologic males.<sup>37</sup>

#### **Gender dysphoria and associated psychosocial conditions**

58. Most current data show that 70% of children with gender dysphoria have had recent trauma, history of abuse, autism spectrum disorder, homosexual orientation, depression, anxiety, or bullying.<sup>20,38-40,41</sup> Hormonal or surgical interventions fail to address these problems. As stated above, the original Dutch study excluded these children.<sup>28,29</sup> Therefore, it is misleading to extrapolate the claims from the Dutch protocol to current youth with gender dysphoria who often have psychologic co-morbidities, like the plaintiff minors in this case.

#### **What do others think of the evidence regarding hormonal or surgical interventions in children with gender dysphoria?**

59. All evidence is not of the same quality. The phrase “evidence based” must be carefully understood.

60. GRADE is a standard accepted method of judging the quality of data.<sup>42</sup> There are four levels of evidence in GRADE. When the GRADE score is “low,” the true effect is likely to be markedly different from the estimated effect.

61. A paper published last year in The Endocrine Society's key journal summarized the evidence on hormonal interventions for "gender diverse adolescents" as sparse and of low quality.<sup>43</sup>

62. The key authoritative endocrinology textbook, published in 2023, included a chapter on Transgender Healthcare, written by a WPATH member. That chapter states that "long-term prospective outcome studies of the effects of GAHT (gender affirming hormone therapy) of any type are lacking. What data that do exist are mostly retrospective and have numerous limitations."<sup>44</sup>

63. Contrary to Dr. Shumer's unreferenced claim, WPATH's guidelines are mostly opinions not supported by science. WPATH guidelines<sup>25,26</sup> have not been assessed using GRADE criteria and as discussed above are not considered "trustworthy."

64. The last Endocrine Society guidelines were published in 2017. The authors of those guidelines judged their evidence to be of low or very low quality.<sup>22</sup> Higher quality evidence of the efficacy of a treatment would require, among other elements, a minimum of two groups that were very well matched and were followed prospectively over time. One group would be randomly assigned to the treatment to be tested, the other group would be followed as the comparator or control group. Such a study would be said to be a "controlled" study. In gender dysphoria, the comparator or control group might be given supportive psychotherapy alone. That study would not use a placebo. Such a study would be higher quality evidence. In my estimation, it would be possible to undertake such a controlled study to measure the impact of puberty blockers or hormones on gender dysphoria on minors.

65. I have provided examples below of harms that doctors have caused when they fail to recognize the limits in knowledge.

66. Regardless, what is clearly unethical is to harm an increasing number of vulnerable children with medical treatments that do not have a sound evidentiary basis. The lack of a model for a control group is not an excuse for relying on weak evidence and claiming that flimsy data are good enough. I have provided examples below of harms that doctors have caused when they fail to recognize the limits in knowledge.

67. Only when researchers are willing to admit uncertainty can we learn what is best for our patients. One example, I participated in a large National Institute of Health (NIH) sponsored trial called ACCORD.<sup>45</sup> Before that study, many doctors were sure the systolic blood pressure should be below 120 in persons with Type 2 Diabetes. And many doctors thought the closer the blood sugar was kept to normal the better for the persons with Type 2 Diabetes. The ACCORD study<sup>45</sup> in persons with diabetes showed that both of these convictions were wrong. The results of the ACCORD study changed the treatment approach for many adults with Type 2 Diabetes.

68. There is simply no high-quality evidence that hormonal or surgical interventions in youth with gender dysphoria reduce their psychic distress. A systematic review published this year in the journal Transgender Health<sup>46</sup> concluded that there was a “lack of high-quality studies” and that all studies done were observational. The authors found no randomized controlled trials.

69. Cochrane Reviews are highly respected rigorous reviews of published data. A Cochrane Review was performed of hormonal interventions in females with gender dysphoria. They found “insufficient evidence to determine the efficacy or safety of hormonal treatment approaches in transgender women in transition.”<sup>47</sup>

70. Dr. Shumer’s listing of medical groups that endorse a treatment does not strengthen his argument when the evidence base is flimsy. Doctors, like all groups, are susceptible to group think and social contagion. Just because a harmful intervention is popular does not prove it to be



safe or beneficial. The neurosurgeon who pioneered the popular brain surgery pre-frontal lobotomy for mental disorders was awarded the Nobel Prize.<sup>48</sup> That treatment has been widely discredited.

71. Another example to stress the need for high quality data: for years, right after menopause it was very popular to prescribe women the female hormones, estrogen, and progesterone. Doctors were sure it would reduce the risk of heart attacks and help women stay healthy. Only after a large high quality, randomized, controlled trial was it revealed that these hormonal treatments increased the risk of stroke, blood clots, and breast cancer.<sup>49</sup>

**Do hormonal and surgical treatments for gender dysphoria reduce suicide risk?**

72. Suicide risk is increased in youth with gender dysphoria but remains very low. In a recent study, the annual suicide rate of transgender youth was 0.013 per cent.<sup>50</sup> Suicidal thoughts and suicide are not to be confused. I am not aware of any studies that demonstrate that the rate of suicide in youth with distress attributed to gender differs from the suicide rate in youth with other mental health disorders including depression, post-traumatic stress disorder, anxiety, and autism spectrum disorder.

73. The Dutch study provided no data on suicide. Some data suggest that hormonal and surgical interventions in persons with gender dysphoria may increase the risk of suicide.

74. A long term study of transgender persons in Sweden<sup>51</sup> found a 19-fold overall higher suicide rate, 40-fold higher in females, and a 3-fold higher overall mortality during an average of 11 years of follow up. These rates were in comparison to the control population. Most importantly, these outcomes were seen despite treatment with opposite sex hormones and surgery.

75. In another study of over 8,000 transgender persons, two-thirds of those who died by suicide were still receiving treatment at the gender dysphoria center.<sup>52</sup>

76. Another researcher reported follow up of persons treated at the main gender clinic in the Netherlands. Over a median of 18 years of follow up, the suicide rate was six times higher in male to female persons than in an age-matched population.<sup>53</sup>

77. In a recent U.S. study, published this year, there was a 45-fold higher than expected suicide rate in the adolescents on opposite sex hormone therapy during their care at gender clinics (compared to the Center for Disease Control age-matched population).<sup>37,54</sup>

78. At a minimum, one must conclude from these studies that persons with gender dysphoria continue to have significant psychiatric issues despite hormonal and surgical interventions.

79. Dr. Shumer bases his approach to children and adolescents upon very weak data with interventions that have failed to show any benefit for these outcomes.

#### **Known and Unknown Harms of Puberty blockers**

80. I will start with a quote by an endocrinologist who has repeatedly minimized the risk of hormonal and surgical interventions. He has co-authored the Endocrine Society guidelines while at the same time serving as the director of a gender clinic. He writes of the “need for appropriate humility regarding what we know versus what we only predict.” He writes: “Even the most logical conclusions extrapolated from our understanding of physiology must remain suspect until demonstrated in actual clinical environments.”<sup>55</sup> Elsewhere this author writes that there are “numerous gaps in knowledge” in transgender medicine.<sup>56</sup>

81. I agree with these statements, but I will now describe what we do know.

82. Background: The ovaries make the principal female hormone called estrogen. The testes make the principal male hormone called testosterone. Ovaries are the site of production of

gametes called ova (singular is ovum). When an ovum is fertilized with a sperm, an embryo can form and lead to the birth of a newborn baby.

83. The testes and ovaries are both regulated by a small gland in the brain called the pituitary. The pituitary is considered a master gland because it regulates other hormone producing glands, not just the ovaries and testes. The pituitary makes two hormones abbreviated LH and FSH; these regulate the ovaries and testes. LH and FSH are called gonadotropins.

84. The pituitary gland is, in turn, controlled by an area located above it called the hypothalamus. The hypothalamus produces many vital substances. One of these is gonadotropin releasing hormone, abbreviated GnRH. GnRH stimulates the release of LH and FSH.

85. The chemical structure of GnRH has been modified into chemicals called GnRH analogs. GnRH analogs are often called puberty blockers. GnRH analogs are administered, usually as an injection (every 1-6 months). There is also an implanted version (under the skin) of GnRH analogs. GnRH analogs block or stop the GnRH signals that come from the hypothalamus. Blockade of those signals means there is no secretion of LH and FSH and, as a consequence, the testes and ovaries are turned off.

86. GnRH analogs are called puberty blockers. GnRH analogs are not FDA approved for use in children with gender dysphoria. They are approved for use in children who have the relatively rare disorder called central precocious puberty. Central precocious puberty is a condition in which puberty occurs at an abnormally early age, generally below the age of 8 in girls and 9 in boys.

87. GnRH analogs are approved for treatment of endometriosis in women. GnRH analogs will stop the signals from the brain that cause ovulation and menstruation. They will

markedly lower estrogen and reduce bone density.<sup>57</sup> Contrary to Dr. Shumer's declaration, the use of GnRH analogs is not "off label" for women with endometriosis.<sup>57</sup>

88. GnRH analogs have also been used in the treatment of prostate cancer because they markedly lower the male hormone, testosterone. Testosterone increases the growth of diagnosed prostate cancer.<sup>58</sup> The cancer is suppressed by blocking the testosterone.

89. There are no controlled trials that prove the safety of GnRH analogs in children with normal puberty. Dr. Shumer claims "robust research" for GnRH analogs and cites no reference to support that statement. There are many unknowns with puberty blockers even in those for whom they are FDA approved.

90. Puberty blockers may cause hot flashes, weight gain, fatigue and mood alterations.<sup>22,59</sup> Seizures have been reported in children receiving puberty blockers. It is unclear if the seizures are related to the drug or the underlying condition.<sup>60</sup>

91. A disorder affecting the hip, slipped capital femoral epiphysis, has been reported in children on puberty blockers.<sup>60</sup>

92. Reductions in bone density are seen with use of puberty blockers; those reductions increase the risk of bone fractures.<sup>59,61,62</sup>

93. Pseudotumor cerebri (also known as idiopathic intracranial hypertension) has been associated with puberty blockers. This condition can cause severe headache and loss of eyesight.<sup>63-</sup>

65

94. Early administration of puberty blockers will reduce penile growth and may not allow sufficient tissue to create a vagina-like structure, despite surgery called vaginoplasty.<sup>66</sup>

95. Dr. Marci Bowers, a surgeon and renowned vaginoplasty specialist, described another adverse effect of puberty blockers in boys. These persons will not be able to achieve an orgasm as adults.<sup>67</sup>

96. Children who fail to progress through puberty are infertile. This is a biologic fact. The same physiology means that early initiation of puberty blockers will stop maturation of the testes and the ovaries. If the testes or ovaries fail to mature, sperm and ova cannot be produced. Infertility will likely occur especially if followed by opposite sex hormones.<sup>68,69 22</sup>

97. Gender clinics now are advised to routinely counsel children about the loss of fertility and steps they might take to preserve it.<sup>70</sup> Authors this year wrote that “Research protocols for ovarian and testicular tissue cryopreservation have been developed at some centers and these methods can be also applied to children.”<sup>69</sup> These “research” approaches have uncertain efficacy and are very costly.

98. Dr. Shumer appears to minimize infertility. His analogy of the infertility that occurs when treating a child for cancer with chemotherapy is hardly apt. After all, Dr Shumer is prescribing interventions that cause infertility in an adolescent with a healthy body. A fundamental principle in medicine is “first do no harm.”

99. The Swedish government commissioned a study on hormonal therapy in children with gender dysphoria. The authors concluded in their systematic review<sup>71</sup> that “the long-term effects of hormone therapy on psychosocial and somatic health are unknown, except that GnRH analog treatment seems to delay bone maturation and gain in bone mineral density.” They concluded that “GnRH analog treatment in children with gender dysphoria should be considered experimental.”<sup>71</sup> Dr. Shumer’s hope is that GnRH analogs will “minimize the patient’s dysphoria.” Yet the data does not support that goal.

100. In 2021, the UK's National Institute for Health and Care Excellence (NICE) published an extensive review, over 130 pages, examining puberty blockers for gender dysphoria in children.<sup>72</sup> They found "a lack of reliable comparative studies." They concluded that "the studies that reported impact on the critical outcomes of gender dysphoria and mental health (depression, anger and anxiety), and the important outcomes of body image and psychosocial impact (global and psychosocial functioning) in children and adolescents with gender dysphoria are of very low certainty using modified GRADE."

101. The authors wrote that these studies "suggest little change with GnRH analogues from baseline to follow-up." They did note a loss of the expected increase in bone density that is normally seen in children not taking puberty blockers.

102. Blocking of puberty in a child with normal puberty is a powerful intervention that has psychologic and physical impacts. Brain maturation during puberty is crucial.<sup>73,74</sup> There are no studies of the effect of blocking normal puberty on judgment, cognition and emotional development.<sup>75</sup> However one careful study is noteworthy. An 11-year-old male treated with a GnRH analog for gender dysphoria showed an abnormal failure to increase brain white matter. In addition, he had a reduction in IQ and memory during 22 months of puberty blockers.<sup>76</sup>

103. The Endocrine Society pointed out the need for more data on the effects on the brain and wrote that "animal data suggest there may be an effect of GnRH analogs on cognitive function".<sup>22</sup>

104. Dr. Hilary Cass, a former president of the Royal College of Pediatrics and Child Health, in her interim report<sup>16</sup> (see below) expressed concern that blockade of puberty may impair "maturation and development of frontal lobe functions which control decision making, emotional regulation, judgement and planning ability."

105. Furthermore, she states: “The most difficult question is whether puberty blockers do indeed provide valuable time for children and young people to consider their options, or whether they effectively ‘lock in’ children and young people to a treatment pathway which culminates in progression to feminising/masculinising hormones by impeding the usual process of sexual orientation and gender identity development.”<sup>16</sup> Dr. Cass states that more research is needed. The answer to this question is not known.

### **Harms of opposite sex hormones**

106. Most of the data on the effects of opposite sex hormones come from follow up on adults. There are very little data on minors. Pediatricians and pediatric endocrinologists would fail to recognize any of these long-term harms because they usually do not provide care to persons after the age of 18.

107. The dose of the principal male hormone, testosterone, that is recommended by the Endocrine Society for gender dysphoric females would produce levels 20-40 times higher than the normal blood level of testosterone in females.<sup>22</sup>

108. Estradiol is the main female hormone level. Males normally have levels below 30 pg/ml.<sup>77</sup> For gender dysphoria in biologic males, the Endocrine Society recommends estradiol level of 100-200 pg/ml, about 5 times higher than a normal male.<sup>22</sup>

#### For natal females treated with testosterone

109. Short term effects of testosterone given to natal females include acne,<sup>78</sup> baldness, facial hair, clitoral enlargement, and pelvic pain.<sup>79</sup> There may be deepening of the voice.

110. Infertility is frequent in those females treated with testosterone even if not given puberty blockers.<sup>22,68,69,80</sup> Testosterone causes blockage of the fallopian tubes which transport the ovum.<sup>80</sup>

111. Increases in the red blood cells with consequent thickening of the blood, called erythrocytosis, is a known risk of testosterone therapy especially when testosterone is given by injection.<sup>81</sup>

112. Increases in blood pressure and reduced elasticity of the arteries has been reported with testosterone treatment in adolescent females.<sup>82</sup>

113. Testosterone treatment in females has caused pseudotumor cerebri.<sup>83</sup>

114. Longer term adverse effects of testosterone given to females include: a greater than 4-fold increase in rate of heart attack and an almost doubling of the rate of stroke.<sup>84,85</sup>

115. With testosterone treatment in females, breast cancer onset is 20 years earlier than expected.<sup>86,87</sup> Breast cancer has been seen even in those females who have had mastectomies—euphemistically called “top surgery”—as they have some residual breast tissue.<sup>88,89</sup>

116. Testosterone treatment in females causes abnormalities in the pap smear making it more difficult to diagnose cervical cancer.<sup>90</sup>

117. Testosterone treatment increases the risk of myocardial infarctions (heart attacks) by three and half times that of women not given testosterone.<sup>84,85,91</sup>

118. Testosterone increases the risk of strokes almost two-fold compared to women not given testosterone. Strokes are usually caused by blockage of blood flow to the brain.<sup>84,85,91</sup>

For natal males treated with estrogen

119. Biologic males treated with estrogen have a 22-fold increase in the rate of breast cancer.<sup>92</sup>

120. Biologic males treated with estrogen may have increased risk of prostate cancer.<sup>93</sup>

121. Prostate cancer risk can be easily overlooked in these men who appear as women. They still have a prostate gland.



122. Estrogen treatment in biologic males may increase the risk of other cancers.<sup>94</sup>

123. Biologic males treated with estrogen have a 36-fold higher risk of strokes. Venous thromboembolism (clots in veins that can pass to the lung and cause death) is increased more than six times that of males who are not given estrogen.<sup>84,85,91</sup>

124. Biologic males treated with estrogen may have an increased risk of retinal vein occlusion (blockage in blood flow from the eye).<sup>95</sup>

125. Treating biologic males with estrogen may alter their immune systems and increase the risk of autoimmune disorders.<sup>96</sup>

#### **Post-surgical complications for biologic females who undergo bilateral mastectomies**

126. The most common surgery performed on minors with gender dysphoria is bilateral mastectomy. Bilateral mastectomy has been euphemistically called “top surgery” and “chest contouring.” Physicians who perform these surgeries use this phrase. It is notable that physicians do not speak of “top surgery” or “chest contouring” when women have their breasts removed because of cancer. This phrase has been applied only in reference to girls who have their healthy breasts removed.

127. A recent paper reports on a series of 81 girls who underwent bilateral mastectomies.<sup>97</sup> Follow up was not available for 13% of the group. And follow up was only for three months. The youngest child was 13 years old. This paper is representative of the poor follow up and poor assessment of children undergoing these procedures.

128. Between 15-38% of children who undergo mastectomies require additional surgeries.<sup>98-100</sup> Up to a third have post-operative complications.<sup>101</sup> These complications include excessive scarring, pain and swelling from blood or fluid buildup, wound dehiscence (opening up where the surgical incisions were sewn together), and nipple necrosis (death of the nipple tissue).

129. Most studies did not assess patient satisfaction. The largest series of mastectomies in 209 adolescents, aged 12-17, had a median follow up of 2.1 years.<sup>100</sup> . 35 % of the group had less than a year of follow-up. Of the 137 patients who had more than a year follow up, 2 expressed regret. None of these girls will get their breasts back.

**How is gender dysphoria approached now in other countries that have had decades more experience than the United States?**

130. Long before the U.S., centers in Europe have offered hormonal and surgical treatments for gender dysphoria.

131. In the UK, the GIDS had been in operation since 1989 and treated over 10,000 youth with gender dysphoria. That center is scheduled to close shortly. Dr. Hilary Cass was asked to perform an independent review of GIDS. In February 2022, she issued an interim report.<sup>16</sup> She noted many problems in the care of these children and pointed out that the “appropriate management of young people with gender dysphoria is inconclusive both nationally and internationally.” She stated that “given the gaps in the evidence base regarding hormone treatment” the child must have a thorough assessment of the full range of factors affecting their physical, mental, development and psychosocial wellbeing.” She stated that there should not be an “unquestioning affirmative” approach to these children.<sup>16</sup>

132. In February 2022, Sweden issued new guidelines<sup>102</sup> recommending psychologic care as the first line of treatment. Its new guidelines stated that the risks of hormonal interventions outweighed benefits and that hormonal interventions in minors could only be used as part of a research protocol.

133. The French National Academy of Medicine has recommended extending as much as possible the psychological support phase. They advised “the greatest reserve” in the use of hormonal treatments.<sup>103</sup>

134. In Norway, the Norwegian Healthcare Investigation Board concluded that there was “insufficient evidence for the use of puberty blockers and opposite sex hormones in young people.”<sup>104</sup>

135. In 2020, Finland issued new guidelines<sup>105</sup> recommending psychosocial support as first line treatment and, as necessary, gender explorative therapy and treatment for comorbid psychiatric disorders. The Finnish health care board stated that “hormonal interventions may be considered “with a great deal of caution” and “no irreversible treatment should be initiated.”

**How often do those who transition desist or detransition and once again identify consistent with their natal sex?**

136. Gender clinics have failed to carefully follow up on these children to determine the outcomes of their interventions. In general, pediatricians and pediatric endocrinologists like Dr. Shumer stop caring for children once they turn 18. Therefore, they fail to see the harm they may have caused.

137. There is increasing evidence of regret and detransition. Detransitioning tends to occur at least 4 years after treatment.<sup>20,106-108</sup>

138. 76% of those who detransition did not inform their physicians about their detransition.<sup>20</sup>

139. The largest recent series, 952 adolescents, were evaluated for treatment discontinuation over 4 years. Their average age was 19. Among those who had started hormonal

intervention before age 18, 26% discontinued treatment. Of all the natal females, 36% discontinued treatment.<sup>107</sup>

140. In my practice, I treated about 100 individuals with gender dysphoria. I estimate that 70% of those discontinued the hormonal treatment that I was prescribing. My youngest patient was 18.

141. These patients did not transfer to other physicians for their transgender care because there were no other physicians treating at the time. I stopped accepting new patients for gender dysphoria in 2013. Those patients that discontinued their care with me did not inform me of their decision to do so. They simply did not return for office visits.

142. Another study sought reasons for those who underwent detransition.<sup>20</sup> Difficulty in accepting oneself as lesbian, gay, or bisexual was expressed by 23% of persons.<sup>20</sup> It was easier to be “trans” than to see oneself as gay or lesbian. This was a form of “internalized homophobia.”<sup>20</sup>

143. The majority of those who detransitioned did not think they had an adequate evaluation before starting “transition.” Many concluded that their gender dysphoria was related to other issues.<sup>20,106</sup> Of those, 48% of those people reported a history of trauma within the year preceding their diagnosis of gender dysphoria.<sup>20</sup>

### **Informed Consent**

144. Informed consent is an essential element of patient care where there is a risk of adverse outcomes. Informed consent is not just getting a signature on a form.

145. Informed consent is also foundational to the ethical conduct of clinical research. Strict international principles prohibit children from providing consent because children cannot fully comprehend risk versus benefit. They can provide assent, however. That is, they can agree to

the treatment or intervention or not. But they are not able to give *informed* consent until they turn 18.<sup>109,110</sup>

146. The United States is a signatory to the United Nations Convention on the Rights of the Child. The *Declaration of the Rights of the Child* states that “the child, by reason of his physical and mental immaturity, needs special safeguards and care.”<sup>111</sup> These safeguards are uniquely important when it comes to an experimental intervention. The Declaration of Helsinki<sup>112</sup> allows individual parents to consent to an experimental treatment for their child. Usually, this choice is made in an extraordinary circumstance, to save that child’s life, and with the child’s assent. Experimental treatments to change physical appearance should not be an exception to these requirements.

147. The psychiatrist Dr. Stephen Levine and colleagues have discussed the inadequacies in the informed consent process for minors with gender dysphoria.<sup>31</sup> Clinicians are required to provide balanced and thorough information on all the potential risks and benefits and unknowns of the treatment as well as alternative treatments available. Clinicians must assess the competence and understanding of the patient and caregiver.

148. Often the informed consent process is “perfunctory” with “poor evaluation” of children and “incorrect and incomplete information.” Evidence of this inadequate consenting process has been revealed by those who have desisted, and detransitioned and by whistleblowers at gender clinics.<sup>14,20,113</sup> The form that Dr. Bast provides to her minors is a document called “Informed Consent for balancing hormones in Gender Diverse people”. This is not an adequate informed consent.

**Conclusion:**

149. I stopped treating persons with gender dysphoria because I did not see benefits despite hormonal interventions.

150. The data in minors are very clear: there is no compelling basis to allow puberty blockers, opposite sex hormones, or surgery in children or adolescents. We must first, do no harm.

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed on May 19, 2023.

  
Daniel Weiss, M.D.

### Bibliography

1. Bhargava A, Arnold AP, Bangasser DA, et al. Considering Sex as a Biological Variable in Basic and Clinical Studies: An Endocrine Society Scientific Statement. *Endocr Rev*. 2021;42(3):219-258.
2. Intersex Society of America, Incidence of Intersex. <https://isna.org/faq/frequency/>.
3. Association AP. *Diagnostic and statistical manual of mental disorders. 5th ed. Text revision.* . American Psychiatric Association.; 2022.
4. Levine SB. Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria. *J Sex Marital Ther*. 2018;44(1):29-44.
5. Littman L. Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS One*. 2018;13(8):e0202330.
6. Diaz S, Bailey JM. Rapid Onset Gender Dysphoria: Parent Reports on 1655 Possible Cases. *Arch Sex Behav*. 2023;52(3):1031-1043.
7. Psychiatrists RAaNZCo. Recognizing and addressing the mental health needs of people experiencing gender dysphoria/gender incongruence. 2021; <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria>.
8. Levine SB. Reflections on the Clinician's Role with Individuals Who Self-identify as Transgender. *Arch Sex Behav*. 2021;50(8):3527-3536.
9. Griffin L, Clyde K, Byng R, Bewley S. Sex, gender and gender identity: a re-evaluation of the evidence. *BJPsych Bull*. 2021;45(5):291-299.
10. Evans M. Freedom to think: the need for thorough assessment and treatment of gender dysphoric children - CORRIGENDUM. *BJPsych Bull*. 2021;45(5):315-316.
11. Withers R. Transgender medicalization and the attempt to evade psychological distress. *J Anal Psychol*. 2020;65(5):865-889.
12. D'Angelo R, Syrulnik E, Ayad S, Marchiano L, Kenny DT, Clarke P. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. *Arch Sex Behav*. 2021;50(1):7-16.
13. Churcher Clarke A, Spiliadis A. 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties. *Clin Child Psychol Psychiatry*. 2019;24(2):338-352.
14. Barnes H. *Time to think : the inside story of the collapse of the Tavistock's gender service for children*. London: Swift; 2023.
15. Reed J. Affidavit of Jamie Reed Washington University Pediatric Transgender Center. 2023.
16. Cass H. Independent review of gender identity services for children and young people: interim report. . 2022. Accessed <https://cass.independent-review.uk/publications/interim-report/>.



17. Adelson SL, American Academy of C, Adolescent Psychiatry Committee on Quality I. Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *J Am Acad Child Adolesc Psychiatry*. 2012;51(9):957-974.
18. Cantor JM. Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy. *J Sex Marital Ther*. 2020;46(4):307-313.
19. Ristori J, Steensma TD. Gender dysphoria in childhood. *Int Rev Psychiatry*. 2016;28(1):13-20.
20. Littman L. Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. *Arch Sex Behav*. 2021;50(8):3353-3369.
21. van de Grift TC, Elaut E, Cerwenka SC, et al. Effects of Medical Interventions on Gender Dysphoria and Body Image: A Follow-Up Study. *Psychosom Med*. 2017;79(7):815-823.
22. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *Endocr Pract*. 2017;23(12):1437.
23. Network GI. Guidelines International Network. Available at: <https://g-i-n.net/>.
24. Medicine Io. Trustworthy Guidelines. <https://www.ncbi.nlm.nih.gov/books/NBK209538/?report=reader>.
25. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1-S259.
26. Coleman E. Correction, Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International J of Transgender Health*. 2022;23: S259-S261.
27. Delemarre-van de Waal HA, Cohen-Kettenis, P. Clinical management of gender identity disorder in adolescents: a protocol on psychological and pediatric aspects. *Eur J Endocrinology*. 2006;155:131-137.
28. de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*. 2014;134(4):696-704.
29. de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med*. 2011;8(8):2276-2283.
30. Abbruzzese E, Levine SB, Mason JW. The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies-and research that has followed. *J Sex Marital Ther*. 2023:1-27.
31. Levine SB, Abbruzzese E, Mason JW. Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults. *J Sex Marital Ther*. 2022;48(7):706-727.

32. Biggs M. The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence. *J Sex Marital Ther.* 2022;1-21.
33. de Vries ALC. Ensuring Care for Transgender Adolescents Who Need It: Response to 'Reconsidering Informed Consent for Trans-Identified Children, Adolescents and Young Adults'. *J Sex Marital Ther.* 2023;49(1):108-114.
34. McGuire JK, Berg D, Catalpa JM, et al. Utrecht Gender Dysphoria Scale - Gender Spectrum (UGDS-GS): Construct validity among transgender, nonbinary, and LGBTQ samples. *Int J Transgend Health.* 2020;21(2):194-208.
35. Carmichael P, Butler G, Masic U, et al. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PLoS One.* 2021;16(2):e0243894.
36. Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, et al. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2009;94(9):3132-3154.
37. Chen D, Berona J, Chan YM, et al. Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *N Engl J Med.* 2023;388(3):240-250.
38. Elkadi J, Chudleigh C, Maguire AM, Ambler GR, Scher S, Kozłowska K. Developmental Pathway Choices of Young People Presenting to a Gender Service with Gender Distress: A Prospective Follow-Up Study. *Children (Basel).* 2023;10(2).
39. Engel L, Majmudar I, Mihalopoulos C, Tollit MA, Pang KC. Assessment of Quality of Life of Transgender and Gender-Diverse Children and Adolescents in Melbourne, Australia, 2017-2020. *JAMA Netw Open.* 2023;6(2):e2254292.
40. Wanta JW, Niforatos JD, Durbak E, Viguera A, Altinay M. Mental Health Diagnoses Among Transgender Patients in the Clinical Setting: An All-Payer Electronic Health Record Study. *Transgend Health.* 2019;4(1):313-315.
41. Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics.* 2018;141(5).
42. BMJ Best Practice: What is GRADE ? <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/>.
43. O'Connell MA, Nguyen TP, Ahler A, Skinner SR, Pang KC. Approach to the Patient: Pharmacological Management of Trans and Gender-Diverse Adolescents. *J Clin Endocrinol Metab.* 2022;107(1):241-257.
44. Deutsch M. *Transgender healthcare* 8th ed2023.
45. Ismail-Beigi F, Craven T, Banerji MA, et al. Effect of intensive treatment of hyperglycaemia on microvascular outcomes in type 2 diabetes: an analysis of the ACCORD randomised trial. *Lancet.* 2010;376(9739):419-430.
46. van Leerdam TR, Zajac JD, Cheung AS. The Effect of Gender-Affirming Hormones on Gender Dysphoria, Quality of Life, and Psychological Functioning in Transgender Individuals: A Systematic Review. *Transgend Health.* 2023;8(1):6-21.

47. Haupt C, Henke M, Kutschmar A, et al. Antiandrogen or estradiol treatment or both during hormone therapy in transitioning transgender women. *Cochrane Database Syst Rev*. 2020;11(11):CD013138.
48. Terrier LM, Leveque M, Amelot A. Brain Lobotomy: A Historical and Moral Dilemma with No Alternative? *World Neurosurg*. 2019;132:211-218.
49. Rossouw JE, Anderson GL, Prentice RL, et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. *JAMA*. 2002;288(3):321-333.
50. Biggs M. Suicide by Clinic-Referred Transgender Adolescents in the United Kingdom. *Arch Sex Behav*. 2022;51(2):685-690.
51. Dhejne C, Lichtenstein P, Boman M, Johansson AL, Langstrom N, Landen M. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLoS One*. 2011;6(2):e16885.
52. Wiepjes CM, den Heijer M, Bremmer MA, et al. Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972-2017). *Acta Psychiatr Scand*. 2020;141(6):486-491.
53. Asscheman H, Giltay EJ, Megens JA, de Ronde WP, van Trotsenburg MA, Gooren LJ. A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones. *Eur J Endocrinol*. 2011;164(4):635-642.
54. Center for Disease Control Suicide statistics.
55. Safer JD. Using Evidence to Fill Gaps in the Care of Transgender People. *Endocr Pract*. 2020;26(11):1387-1388.
56. Safer JD. Are the Pharmacokinetics of Sublingual Estradiol Superior or Inferior to Those of Oral Estradiol? *Endocr Pract*. 2022;28(3):351-352.
57. Lupron for endometriosis, prescribing information. <https://www.luprongyn.com/prescribing-information>.
58. Lupron for prostate cancer, prescribing information.
59. Lupron prescribing information <https://www.rxabbvie.com/pdf/lupronpediatric.pdf>.
60. Bangalore Krishna K, Fuqua JS, Rogol AD, et al. Use of Gonadotropin-Releasing Hormone Analogs in Children: Update by an International Consortium. *Horm Res Paediatr*. 2019;91(6):357-372.
61. Biggs M. Revisiting the effect of GnRH analogue treatment on bone mineral density in young adolescents with gender dysphoria. *J Pediatr Endocrinol Metab*. 2021;34(7):937-939.
62. Klink D, Caris M, Heijboer A, van Trotsenburg M, Rotteveel J. Bone mass in young adulthood following gonadotropin-releasing hormone analog treatment and cross-sex hormone treatment in adolescents with gender dysphoria. *J Clin Endocrinol Metab*. 2015;100(2):E270-275.

63. Gul U, Kacar Bayram A, Kendirci M, et al. Pseudotumour Cerebri Presentation in a Child Under the Gonadotropin-Releasing Hormone Agonist Treatment. *J Clin Res Pediatr Endocrinol*. 2016;8(3):365-367.
64. Omar AA, Nyaga G, Mungai LNW. Pseudotumor cerebri in patient on leuprolide acetate for central precocious puberty. *Int J Pediatr Endocrinol*. 2020;2020(1):22.
65. Lupron Depot prescribing Information.  
<https://www.rxabbvie.com/pdf/lupronpediatric.pdf>.
66. van de Grift TC, van Gelder ZJ, Mullender MG, Steensma TD, de Vries ALC, Bouman MB. Timing of Puberty Suppression and Surgical Options for Transgender Youth. *Pediatrics*. 2020;146(5).
67. Duke symposium. In. "Every single child or adolescent who was truly blocked at Tanner Stage 2 has never experienced orgasm. I mean, it's really about zero"2022
68. Baram S, Myers SA, Yee S, Librach CL. Fertility preservation for transgender adolescents and young adults: a systematic review. *Hum Reprod Update*. 2019;25(6):694-716.
69. Rodriguez-Wallberg K, Obedin-Maliver J, Taylor B, Van Mello N, Tilleman K, Nahata L. Reproductive health in transgender and gender diverse individuals: A narrative review to guide clinical care and international guidelines. *Int J Transgend Health*. 2023;24(1):7-25.
70. Bayar E, Williams NJ, Alghrani A, et al. Fertility preservation and realignment in transgender women. *Hum Fertil (Camb)*. 2023:1-20.
71. Ludvigsson JF, Adolfsson J, Hoistad M, Rydelius PA, Kristrom B, Landen M. A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. *Acta Paediatr*. 2023.
72. Excellence NifHaC. New systematic reviews of puberty blockers and cross sex hormones published by NICE. 2021;  
[https://segm.org/NICE\\_gender\\_medicine\\_systematic\\_review\\_finds\\_poor\\_quality\\_evidence](https://segm.org/NICE_gender_medicine_systematic_review_finds_poor_quality_evidence).
73. Blakemore SJ, Burnett S, Dahl RE. The role of puberty in the developing adolescent brain. *Hum Brain Mapp*. 2010;31(6):926-933.
74. Arain M, Haque M, Johal L, et al. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat*. 2013;9:449-461.
75. Kozłowska K, Chudleigh C, McClure G, Maguire AM, Ambler GR. Attachment Patterns in Children and Adolescents With Gender Dysphoria. *Front Psychol*. 2020;11:582688.
76. Schneider MA, Spritzer PM, Soll BMB, et al. Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression. *Front Hum Neurosci*. 2017;11:528.
77. Ohlsson C, Nilsson ME, Tivesten A, et al. Comparisons of immunoassay and mass spectrometry measurements of serum estradiol levels and their influence on clinical association studies in men. *J Clin Endocrinol Metab*. 2013;98(6):E1097-1102.

78. Chu L, Gold S, Harris C, et al. Incidence and Factors Associated With Acne in Transgender Adolescents on Testosterone: A Retrospective Cohort Study. *Endocr Pract.* 2023;29(5):353-355.
79. Zwickl S, Burchill L, Wong AFQ, et al. Pelvic Pain in Transgender People Using Testosterone Therapy. *LGBT Health.* 2023;10(3):179-190.
80. Dulohery K, Trottmann M, Bour S, et al. How do elevated levels of testosterone affect the function of the human fallopian tube and fertility?-New insights. *Mol Reprod Dev.* 2020;87(1):30-44.
81. Laidlaw MK, Van Mol A, Van Meter Q, Hansen JE. Letter to the Editor From Laidlaw et al: "Erythrocytosis in a Large Cohort of Transgender Men Using Testosterone: A Long-term Follow-up Study on Prevalence, Determinants, and Exposure Years". *J Clin Endocrinol Metab.* 2021;106(12):e5275-e5276.
82. Cunha FS, Bachega T, Costa EMF, et al. Arterial Stiffness in Transgender Men Receiving Long-term Testosterone Therapy. *J Endocr Soc.* 2023;7(5):bvad040.
83. Gutkind NE, Tse DT, Johnson TE, Tse BC. Idiopathic Intracranial Hypertension in Female-to-Male Transgender Patients on Exogenous Testosterone Therapy. *Ophthalmic Plast Reconstr Surg.* 2023.
84. Nota NM, Wiepjes CM, de Blok CJM, Gooren LJG, Kreukels BPC, den Heijer M. Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy. *Circulation.* 2019;139(11):1461-1462.
85. Alzahrani T, Nguyen T, Ryan A, et al. Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population. *Circ Cardiovasc Qual Outcomes.* 2019;12(4):e005597.
86. Berliere M, Coche M, Lacroix C, et al. Effects of Hormones on Breast Development and Breast Cancer Risk in Transgender Women. *Cancers (Basel).* 2022;15(1).
87. Corso G, Gandini S, D'Ecclesiis O, et al. Risk and incidence of breast cancer in transgender individuals: a systematic review and meta-analysis. *Eur J Cancer Prev.* 2023;32(3):207-214.
88. Cortina CS, Kong AL. Chest mass in a transgender man after top surgery. *Lancet Oncol.* 2023;24(1):e57.
89. de Blok CJM, Wiepjes CM, Nota NM, et al. Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands. *BMJ.* 2019;365:11652.
90. Wang JC, Peitzmeier S, Reisner SL, et al. Factors Associated with Unsatisfactory Pap Tests Among Sexually Active Trans Masculine Adults. *LGBT Health.* 2023.
91. Getahun D, Nash R, Flanders WD, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. *Ann Intern Med.* 2018;169(4):205-213.
92. Gurralla RR, Kumar T, Yoo A, Munding GS, Womac DJ, Lau FH. The Impact of Exogenous Testosterone on Breast Cancer Risk in Transmasculine Individuals. *Ann Plast Surg.* 2023;90(1):96-105.



93. Chandran K, Grochot R, de Los Dolores Fenor De La Maza M, et al. A Transgender Patient with Prostate Cancer: Lessons Learnt. *Eur Urol.* 2023;83(4):379-380.
94. Santellan-Hernandez JO, Alvarez-Castro JA, Aguilar-Hidalgo KM, et al. Multifocal glioblastoma and hormone replacement therapy in a transgender female. *Surg Neurol Int.* 2023;14:106.
95. Andzembe V, Miere A, Zambrowski O, Glacet-Bernard A, Souied EH. Branch retinal vein occlusion secondary to hormone replacement therapy in a transgender woman. *J Fr Ophtalmol.* 2023;46(2):148-151.
96. White AA, Lin A, Bickendorf X, et al. Potential immunological effects of gender-affirming hormone therapy in transgender people - an unexplored area of research. *Ther Adv Endocrinol Metab.* 2022;13:20420188221139612.
97. Ascha M, Sasson DC, Sood R, et al. Top Surgery and Chest Dysphoria Among Transmasculine and Nonbinary Adolescents and Young Adults. *JAMA Pediatr.* 2022;176(11):1115-1122.
98. Kuhn S, Keval S, Sader R, et al. Mastectomy in female-to-male transgender patients: A single-center 24-year retrospective analysis. *Arch Plast Surg.* 2019;46(5):433-440.
99. Rifkin WJ, Robinson IS, Kloer C, et al. Gender-affirming Mastectomy: Comparison of Periareolar and Double Incision Patterns. *Plast Reconstr Surg Glob Open.* 2022;10(5):e4356.
100. Tang A, Hojilla JC, Jackson JE, et al. Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents. *Ann Plast Surg.* 2022;88(4 Suppl):S325-S331.
101. Rysin R, Skorochood R, Wolf Y. Implications of testosterone therapy on wound healing and operative outcomes of gender-affirming chest masculinization surgery. *J Plast Reconstr Aesthet Surg.* 2023;81:34-41.
102. Welfare SNBoHa. Updated recommendations for hormone therapy in sex dysphoria in young people. 2022.
103. Medicine and gender trans identity in children and adolescents. 2022; <https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/?lang=en>.
104. Block J. Norway's guidance on paediatric gender treatment is unsafe, says review. *BMJ.* 2023;380:697.
105. Finland. RbtBfSoCfHCi. Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors. 2020.
106. Vandenbussche E. Detransition-Related Needs and Support: A Cross-Sectional Online Survey. *J Homosex.* 2022;69(9):1602-1620.
107. Roberts CM, Klein DA, Adirim TA, Schvey NA, Hisle-Gorman E. Continuation of Gender-affirming Hormones Among Transgender Adolescents and Adults. *J Clin Endocrinol Metab.* 2022;107(9):e3937-e3943.

108. Hall R, Mitchell L, Sachdeva J. Access to care and frequency of detransition among a cohort discharged by a UK national adult gender identity clinic: retrospective case-note review. *BJPsych Open*. 2021;7(6):e184.
109. Assent versus Informed Consent. <https://www.cancer.gov/about-cancer/treatment/clinical-trials/patient-safety/childrens-assent>.
110. FDA informed consent. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/informed-consent#children>.
111. Nations U. UN Declaration of the Rights of Children. 1989; <https://www.humanium.org/en/convention/text/>.
112. Association WM. Declaration of Helsinki 1964; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1816102/pdf/brmedj02559-0071.pdf>.
113. [https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf?sfvrsn=6a64d339\\_2](https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf?sfvrsn=6a64d339_2). <2-07-2023-reed-affidavit---signed.pdf>. 2023; [https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf?sfvrsn=6a64d339\\_2](https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf?sfvrsn=6a64d339_2).

## CURRICULUM VITA

Daniel Weiss MD CDCES

### I. OFFICE ADDRESS

St. George Endocrine and Diabetes Clinic  
1424 East Foremaster Drive, Suite 140  
St. George, UT 84790  
Telephone: 435-251-2888  
FAX: 435-251-2878

### II. PERSONAL DATA

|              |          |
|--------------|----------|
| Birthplace   | New York |
| Citizenship: | U.S.A.   |

### III. EDUCATION

|              |                            |  |
|--------------|----------------------------|--|
| <u>Year:</u> | <u>Degree:</u>             | <u>Institution:</u>  |
| 1975         | B.A.<br>(major: chemistry) | Columbia University<br>New York, New York                            |
| 1979         | M.D.                       | University of Texas,<br>Southwestern Medical Center<br>Dallas, Texas |

### IV. POST GRADUATE EDUCATION

|                     |                              |  |
|---------------------|------------------------------|--|
| <u>Year:</u>        | <u>Position:</u>             | <u>Institution:</u>                          |
| July 1979-June 1980 | Intern, Internal<br>Medicine | Upstate Medical Center<br>Syracuse, New York |



Daniel Weiss MD

|                     |                             |   |
|---------------------|-----------------------------|---|
| July 1980-July 1982 | Resident, Internal Medicine | University of Iowa Hospitals<br>Iowa City, Iowa   |
| July 1982-July 1984 | Fellow-Associate            | Division of Endocrinology-<br>Metabolism<br>University of Iowa Hospitals<br>Iowa City, Iowa |

V. APPOINTMENTS: ACADEMIC AND CLINICAL

| <u>Year:</u>                 | <u>Position:</u>   | <u>Institution:</u>   |
|------------------------------|--|---|
| July 1984-June 1986          | Associate in Internal Medicine   | Division of Endocrinology-<br>Metabolism<br>University of Iowa Hospitals<br>Iowa City, Iowa |
| July 1986-June 1993          | Clinical Instructor<br>University, School of Medicine, Cleveland, Ohio   | Case Western Reserve  |
| June 1987-April 2003         | UniversityMednet,  | Endocrinologist<br><br>Cleveland, OH  |
| July 1993- June 2010         | Clinical Assistant Prof.<br><br>(resigned after lengthy training was demanded for new in-hospital computer software) | Case Western Reserve<br>University, School of<br>Medicine, Cleveland, Ohio                  |
| July 1989-April 2003         | Chief of Endocrinology   | UniversityMednet,<br>Diabetes Self-Management<br>Center, Cleveland, OH                      |
| January 2005<br>to June 2007 | Medical Director   | Joslin Diabetes Center<br>Affiliate at St Vincent Charity<br>Hospital, Cleveland, Ohio      |

Daniel Weiss MD

|  |  |
|--|--|
| April 2003 to December 2019            | Director/Your Diabetes Endocrine<br>Nutrition Group, Inc   |
| April 2003-April 2021                  | Research Director/Your Diabetes<br>Endocrine Nutrition Group, Inc.   |
| January 2020 to 2022                   | Endocrinologist: Lake Health<br>Physician Group  |
| January 2023 to present<br><br>Clinic, | Endocrinologist:<br>St. George Endocrine and Diabetes<br>St. George, UT  |
| 2014-to 2022                           | Adjunct Clinical Faculty, Kent State University<br>College of Nursing  |
| 2015 to 2022                           | Adjunct Clinical Assistant Professor,<br>Dept of Specialty Medicine<br>Ohio University Heritage College of Osteopathic<br>Medicine |

#### VI. CERTIFICATION AND LICENSURE

##### *A. Certification (all active and current)*

Board:

Date:

Number:

Daniel Weiss MD

|   |                 |           |
|---|-----------------|-----------|
| National Board of Medical Examiners                 | 7-1980          | 218840    |
| American Board of Internal Medicine                 | 9-1982          | 087265    |
| ABIM-Endocrinology/Metabolism                       | 11-1985         | 087265    |
| American Board of Physician Nutrition Specialists   | 12/2002-11/2012 |           |
| National Certification Board for Diabetes Educators | 11/1987         | 0872-3550 |
| National Certification Board for Diabetes Educators | 5/1992          | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/1997         | 0872-3550 |
| National Certification Board for Diabetes Educators | 05/2002         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2007         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2012         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2017         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2022         | 0872-3550 |

Diplomate, American Board of Obesity Medicine 1-2012 to present

Other:

Continuing Research Education Credit Program with Case Western Reserve University: certification through September 30, 2014.

American Heart Association: Basic Life Support for Healthcare Providers

October 2008, December 2019

American Heart Association Advanced Cardiac Life Support

November 2008

Certified Principal Investigator: Association of Clinical Research Professionals and the Academy of Pharmaceutical Physicians and Investigators

First granted in April 2009

Renewed in 2011

Renewed in 2013

Renewed in 2015

Renewed in 2019 set to expire 2023

Daniel Weiss MD

Fellow of the Academy of Physicians in Clinical Research:  
2/2016 -05/2021

*B. Licensure*

| <u>State:</u> | <u>Date:</u> | <u>Status:</u> | <u>Number:</u> |
|---------------|--------------|----------------|----------------|
| Iowa          | 8-1980       | inactive       | 22196          |
| Illinois      | 7-1981       | inactive       | 036-062386     |
| Ohio          | 4-1986       | active         | 35-053498      |
| Utah          | 05-2022      | active         | 12874686-1205  |

VII. MAJOR COURSES AND MEETINGS ; CONTINUING MEDICAL EDUCATION

1. "Review of Endocrinology" National Institutes of Health, Foundation for Advanced Education in the Sciences, Washington, D.C. October 10-14, 1985. 40 hours of Category 1 credit.

2. Medical Knowledge Self Assessment Program VII, completed fall 1986 with full AMA Category 1 credit.

3. Annual Endocrine Society and American Diabetes Association Meetings: June 1988, New Orleans, LA. 35 hours of AMA Category 1 credit.

4. American College of Physicians Medical Knowledge Self-Assessment Program VIII, completed fall 1989. 153 hours of Category 1 credit.

5. A Current Review of Pediatric Endocrinology-1989. Sponsored by the Lawson Wilkins Pediatric Endocrine Society and Serono Symposia, USA. April 1989, Washington, D.C.. 25 hours of Category 1 credit.

6. Annual Endocrine Society Meeting: June 1989, Seattle, WA. 30 hours of AMA Category 1 credit.

Daniel Weiss MD

7. Clinical Management of Lipid Disorders, April 1991, at the Washington University School of Medicine, St Louis, Mo. 23 hours of Category 1 credit.

8. 14th International Diabetes Federation Congress Scientific Sessions: June 1991, Washington, D.C. 24 hours of Category 1 credit.

9. Clinical Management of Lipid Disorders Follow-up Course, September 12, 1992 at the Washington University School of Medicine, St Louis, Mo. 5.75 hours of Category 1 credit.

10. 44th Postgraduate Assembly of The Endocrine Society, October 10-14, 1992 in Boston, MA. 27.3 hours of Category 1 credit.

11. 74th Annual Session of the American College of Physicians, April 1-4, 1993 in Washington, D.C. 24 hours of Category 1 credit.

12. Third International Symposium on Osteoporosis., March 2-5, 1994 in Washington, D.C.. 22 hours of Category 1 credit.

13. Psychiatric Update. Cleveland Clinic Foundation. April 9, 1994, in Cleveland, OH. 6.5 Category 1 credits.

14. New Developments in Obsessive Compulsive Disorders. University of Texas at San Antonio Teleconference. May 3, 1995. 1 Category 1 credit

15. 55th Annual Meeting of the American Diabetes Association, June 10-13, 1995 in Atlanta, GA. 23. 5 hours of AMA Category 1 credit.

16. American College of Physicians Medical Knowledge Self-Assessment Program X. 58 Category 1 credits. 1995.

17. Recent Advances in Paget's Disease of Bone and Related Bone Diseases, March 9, 1996 in Bethesda, Maryland. 8 Category 1 credits.

18. Tenth International Congress of Endocrinology and ancillary symposia, June 12-15, 1996 in San Francisco, California. 40.5 AMA Category 1 credits.

19. 57th Annual Meeting of the American Diabetes Association, June 21-24, 1997 in Boston, MA. 27 hours of AMA Category 1 credit.

Daniel Weiss MD

20. Sixth International Symposium on the Maillard Reaction. July 27-30, 1997 in London, England. 15 Category 1 credits.

21. Treatment advances in post-partum (psychiatric) disorders. November 7, 1997. Cleveland, Ohio. 5.5 Category 1 credits.

22. Conquering Diabetic Complications. Cleveland, Ohio. 4 Category 1 credits. 1998

23. American Society of Bone and Mineral Research. Annual Meeting. San Francisco, CA. December 1-5, 1998. 24.5 AMA Category 1 credits

24. 59th Annual Meeting of the American Diabetes Association, June 19-22, 1999 in San Diego, California. 33.5 hours of AMA Category 1 credits.

25. 82<sup>nd</sup> Annual Meeting of the Endocrine Society, June 21-24, 2000 in Toronto, Canada. 37 hours of AMA Category 1 credits.

26. 61<sup>st</sup> Annual Scientific Sessions of the American Diabetes Association, June 22-26, 2001 in Philadelphia, Pennsylvania. 32 hours of AMA Category 1 credits.

27. 84<sup>th</sup> Annual Meeting of the Endocrine Society, June 19-22, 2002 in San Francisco, California. 26 hours of AMA Category 1 credits.

28. ACCORD Training Session presented by the National Heart Lung and Blood Institute. Charleston, South Carolina. January 14-17, 2003. 15 Category 1 credits.

29. American Society of Nephrology. November 14-17, 2003. San Diego, California. 30 hours of AMA Category 1 credits.

30. 64<sup>th</sup> Scientific Sessions of the American Diabetes Association, June 4-8, 2004 in Orlando, Florida. 29 AMA Category 1 credits.

31. 65<sup>th</sup> Scientific Sessions of the American Diabetes Association, June 10-14, 2005 in San Diego, California. 29 hours of AMA Category 1 credits.

Daniel Weiss MD

32. North American Association for the Study of Obesity. The Obesity Society. 2005 Annual Scientific Meeting. Vancouver, BC Canada. October 15-19, 2005. 25 hours of AMA Category 1 credits.

33. Spotlight on patient safety: preventing medical errors. Medical Risk Management, Inc. web course. February 19, 2006. 6 AMA Category 1 credits.

34. Disclosure of medical errors. Medical Risk Management, Inc. web course. March 4, 2006. 4 hours of AMA Category 1 credits.

35. North American Association for the Study of Obesity, The Obesity Society, 2006 Annual Scientific Meeting. Boston, MA. October 20-24, 2006. 22 hours of AMA PRA Category 1 credits.

36. 67<sup>th</sup> Scientific Sessions of the American Diabetes Association in Chicago, IL. June 22-26, 2007. 29 hours of AMA Category 1 credits including satellite symposia.

37. National Kidney Foundation 2008 Spring Clinical Meetings in Dallas, TX. April 2-6, 2008. 15.3 hours of AMA Category 1 credits.

38. 90<sup>th</sup> Annual Meeting of The Endocrine Society in San Francisco, CA. June 14-17, 2008. 30.5 hours of AMA Category 1 credits.

39. The Obesity Society 2008 Annual Scientific Meeting and satellite symposia, Phoenix, AZ. October 3-7, 2008. 24.25 hours of AMA Category 1 Credits.

40. 69<sup>th</sup> Annual Scientific Sessions of the American Diabetes Association in New Orleans, LA. June 5-9, 2009. 29.25 hours of AMA Category 1 credits (including 2 satellite symposia).

41. Diabetes Symposium for Primary Care Providers. Lake Health. April 28, 2010. 4 Category 1 credits.

42. 71<sup>st</sup> Scientific Sessions of the American Diabetes Association in San Diego, CA. June 24-28, 2011. 28 hours of AMA Category 1 credits including satellite symposia.

43. Risk Management Consult: failure to diagnose cancer. Medical Risk Management online course. April 10, 2012. 7 hours of AMA Category 1 credits.

Daniel Weiss MD

43. 72<sup>nd</sup> Scientific Sessions of the American Diabetes Association in Philadelphia, PA. June 8-12, 2012. 21.5 hours of AMA Category 1 credits.

44. 30<sup>th</sup> Annual Scientific Meeting of the of The Obesity Society in San Antonio, TX. September 20-24, 2012. 25 hours of AMA Category 1 Credits including satellite symposia.

45. National Kidney Foundation 2013 Spring Clinical Meetings in Orlando, FL. April 3-6, 2013. 13 hours of AMA Category 1 credits.

46. Ohio River Regional AACE Annual Meeting in Beachwood, OH, August 2-3, 2013. 9.5 hours of AMA Category 1 credits.

47. Obesity Week: ASMBS 30<sup>th</sup> Annual Meeting and the Obesity Society 31<sup>st</sup> Annual Scientific Meeting and satellite symposia in Atlanta, GA. November 13-16, 2013. 19.25 hours of AMA Category 1 credits.

48. 74<sup>th</sup> Scientific Sessions of the American Diabetes Association in San Francisco, CA. June 13-17, 2014. 28.25 hours of AMA Category 1 credits.

49. International Lyme and Associated Disease Society Annual Scientific Conference, Washington, D.C. October 10-12, 2014. 18.75 Category 1 credits.

50. Obesity Week, 32<sup>nd</sup> Annual Scientific Meeting of the Obesity Society. Boston, MA. November 3-6, 2014. 10.5 Category 1 credits.

51. Applying functional medicine in clinical practice. March 23-27, 2015. Tucson, AZ. 31.75 Category 1 credits.

52. Risk management consult: repairing difficult patient relationships. Medical Risk Management, Inc. online course. April 8, 2015. 6 Category 1 credits.

53. Drexel University ILADS Conference: tick borne and other chronic infections, research and practice. April 10-11, 2015. Philadelphia, PA. 12.75 Category 1 credits.

54. Institute for Functional Medicine 2015 Annual International Conference: The "Omics" Revolution, Nature and Nurture. May 28-30, 2015. Austin, Tx. 12.75 Category 1 credits.



Daniel Weiss MD

55. 75<sup>th</sup> Scientific Sessions of the American Diabetes Association. Boston, MA. June 5-9, 2015. 25.75 Category 1 credits.

56. 72<sup>nd</sup> Annual Meeting of the American Association of Physicians and Surgeons. St. Louis, MO. October 1-3, 2015. 14.5 Category 1 credits.

57. 76<sup>th</sup> Scientific Sessions of the American Diabetes Association. New Orleans, LA., June 5-10-14, 2016. 27.25 Category 1 credits.

58. 2016 International Lyme and Associated Disease Society Annual Scientific Conference. November 4-6, 2016. Philadelphia, PA. 17.5 Category 1 credits.

59. 77<sup>th</sup> Scientific sessions of the American Diabetes Association. San Diego, CA. June 9-13, 2017. 23.5 Category 1 credits.

60. 78<sup>th</sup> Scientific sessions of the American Diabetes Association. Orlando, FL. June 22-26, 2018. 26 Category 1 credits.

61. CITI program Good Clinical Practice for clinical trials with investigational drugs and medical devices US FDA focus. 6 Category 1 credits. November 1, 2018.

62. Ohio State Coroners Association Death Certificate Training. 2 Category 1 credits (AMA). December 5, 2020.

63. Long term complications of bariatric surgery. 10 Category 1 credits (AMA). January 12, 2021.

64. Annals of Internal Medicine review. 3 Category 1 credits. May 2021.

Daniel Weiss MD

VIII. SPECIAL HONORS AND AWARDS

| <u>Date:</u> | <u>Award:</u>  |
|--------------|--|
| 5-84         | Teacher of the Year by Senior Medical Students:<br>University of Iowa College of Medicine          |
| 1-87         | Top Doctors of Cleveland (Endocrinologists):<br>Cleveland Magazine                                 |
| 3-87         | Physician's Recognition Award for<br>Continuing Medical Education: American Medical<br>Association |
| 1-90         | Physician's Recognition Award for Continuing<br>Medical Education: American Medical Association    |
| 11-92        | Fellowship status in the American College of<br>Physicians   |
| 7-10         | American Diabetes Association Circle of Hospitals<br>Award   |
| 2012         | Cleveland <i>Super Doctors</i>   |

IX. Special Roles

|                 |   |
|-----------------|---|
| 04-93           | Participant in American Board of Internal Medicine<br>re-certification program  |
| 08-94;<br>11-96 | Relevance reviewer for certification and<br>re-certification exam in Endocrinology, Diabetes and<br>Metabolism: American Board of Internal Medicine |
| 06-99 to 04-03  | Physician representative: Quality Management<br>Committee, Cigna Health Care of Ohio  |

Daniel Weiss MD

|                                      |  |
|--------------------------------------|--|
| 8-02 to present                      | Manuscript reviewer for Cleveland Clinic Journal of Medicine   |
| 2003, 2005                           | Manuscript reviewer for Endocrine Practice   |
| 2006 to 2014                         | Diabetes Care Committee, LakeHealth<br>Principal author: inpatient subcutaneous insulin order set, diabetic ketoacidosis order set |
| 8-2007 to 2/2010;<br>10/2011 to 2021 | Member, Pharmacy and Therapeutics sub-committee, Buckeye Community Health Plan   |
| 2/2010 to 7/2010                     | Member Medical Management sub-committee, Buckeye Community Health Plan. Resigned   |
| 2009, 2010                           | Manuscript reviewer for Endocrine (Humana Press)   |
| 2009 to 2018                         | Member, Nutrition Committee of the American Association of Clinical Endocrinologists   |
| 2009 to present                      | Manuscript reviewer for American Journal of Physiology, Heart and Circulatory Physiology   |
| 2009                                 | Item writer for Obesity Medicine Physician Certification Examination   |
| 2010, 2011                           | Certified Obesity Medicine Physician Examination: workshop contributor and attendee  |
| 2011 to 2020                         | Peer reviewer in endocrinology for Kepro, Keystone Peer Review Organization  |
| 2011 to 2014                         | Board of Directors, American Board of Obesity Medicine   |
| 2013 to 2017                         | Member, Program Committee, Diabetes Partnership of Cleveland   |

Daniel Weiss MD

|              |  |
|--------------|--|
| 2011 to 2020 | Member, Item writing committee, American Board of Obesity Medicine examination |
| 2015-present | Manuscript reviewer, Annals of Internal Medicine                               |

X. HOSPITAL STAFF PRIVILEGES

Hospital:

Department:

*Former because of relocation or resignation:*

University of Iowa Hospitals and Clinics  
Iowa City, Iowa

Internal Medicine

University Hospitals of Cleveland  
Cleveland, Ohio

Internal Medicine/  
Endocrinology  
Part-time

Hillcrest Hospital  
Cleveland Clinic Health System

Internal Medicine/

Daniel Weiss MD

Mayfield Heights, Ohio

Endocrinology  
Consulting

Lake Health (now part of University Hospitals)  
Willoughby, Ohio

Internal Medicine/  
Endocrinology  
Consulting

*Present:*

St. George Regional Hospital,  
Intermountain Health Care,  
St. George, UT

Endocrinology

XI. CURRENT PROFESSIONAL AFFILIATIONS

|               |   |
|---------------|---|
| 1985-present  | Doctors for Disaster Preparedness   |
| 1985-present  | American Diabetes Association, Professional Section                           |
| 1986-2017     | Diabetes Association of Greater Cleveland (Diabetes Partnership of Cleveland) |
| 1987-present  | Association of American Physicians and Surgeons                               |
| 1987-2020     | International Diabetes Federation   |
| 1987-2023     | American Association of Diabetes Educators                                    |
| 1989-2022     | American Society for Bone and Mineral Research                                |
| 1990-2022     | The Endocrine Society   |
| 1992 -present | American Association of Clinical Endocrinologists                             |

Daniel Weiss MD

|              |  |
|--------------|--|
| 1992-2014    | American College of Physicians, Fellow                                       |
| 1994-present | American Heart Association, Premium Professional<br>Gold Heart Member        |
| 2003-2020    | Ohio State Medical Association   |
| 2003-2015    | American Society of Hypertension   |
| 2003-2010    | American Medical Association   |
| 2004-2021    | North American Association for the Study of Obesity<br>(The Obesity Society) |
| 2005-2021    | Academy of Physicians in Clinical Research                                   |
| 2008-2010    | American Chemical Society  |
| 2010-2013    | Docs 4 Patient Care  |
| 2010-present | American Society of Nutrition  |
| 2012-present | American Association for the Advancement of<br>Science                       |
| 2012-2015    | Academy of Nutrition and Dietetics   |
| 2014-2015    | American Colleges of Sports Medicine   |
| 2016-present | Bone Health and Osteoporosis Foundation                                      |
| 2017-2020    | International Society of Clinical Densitometry                               |
| 2018 –2022   | National Lipid Association member  |

Daniel Weiss MD

## XII. BIBLIOGRAPHY

### *A. Published or in Press or in Preparation*

1. Weiss, D.: Human Insulin, Drug Therapy Review. Iowa Medicine, Journal of the Iowa Medical Society 1984; 74:116-118
2. Weiss, D., Bar, R.S. Weidner, N., Wener, M., Lee, F.: Oncogenic Osteomalacia: Strange Tumors in Strange Places. Postgraduate Medical Journal 1985; 61: 349-355
3. Weidner, N., Bar, R.S., Weiss, D., Strottmann, M.P.: Neoplastic Pathology of Oncogenic Osteomalacia/Rickets. Cancer 1985; 55: 1691-1705
4. Weiss, D., Bar, R.S., Weidner, N.: Oncogenic Osteomalacia. Annals of Internal Medicine 1985; 102: 557
5. Weiss D. Hyperglycemia During Physical Stress. Amer J Med. 1996; 100: 374.
6. Hyperhomocysteinemia in Hypothyroidism. Annals of Internal Med 2000; 132: 677.

Daniel Weiss MD

7. Weiss, D.: How to Help Your Patients Lose Weight: Current Therapy for Obesity. Cleveland Clinic J Med 2000; 67: 739-54.
8. Weiss D. Acarbose for the prevention of diabetes. Cleveland Clinic J Med 2003; 70: 1088.
9. Weiss, D. Management of diabetes should be a team approach. American Family Physician 2007; 75: 979.
10. Weiss, D. co-author. Evolution of the lipid trial protocol of the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial. Am J Cardiol 2007; 99 (12A): 56i-67i.
11. Weiss, D. co-author. Effect of intensive treatment of hyperglycemia on microvascular outcomes in type 2 diabetes: an analysis of the ACCORD randomized trial. Lancet 2010; 376: 419-430.
12. Weiss, D., Mechanick J. Dietary Supplements, Nutraceuticals, and Functional Foods, chapter of the Nutrition section of the 2011 edition of the American College of Endocrinology Self Assessment Program (ASAP).
13. Weiss, D. Bariatric surgery, vitamin C, and kidney stones. Cleveland Clinic J Med 2010; 77: 844.2010.
14. *Empty sella* co-authored chapter in: 5 Minute Clinical Consult 2014.
15. Weiss, D. "reviewer", involved in writing process, for American Association of Clinical Endocrinologists' position statement on clinical nutrition and health promotion in endocrinology. Endocrine Practice 2012; 18: 633-41.
16. Weiss, D. Functional foods, dietary supplements and nutraceuticals. Chapter of the Nutrition Section of the 2014 edition of the American College of Endocrinology Self Assessment Program (ASAP)
17. Weiss, D. co-author. Paradoxical reduction in HDL-C with fenofibrate and thiazolidinedione therapy in Type 2 Diabetes: the ACCORD Lipid trial. Diabetes Care 2014; 37: 686-693.



Daniel Weiss MD

18. Weiss, D. Diabetes therapy and cancer risk. *Cleve Clinic J Med* 2014; 81: 714.
19. Weiss, D. Starting insulin therapy. *Cleve Clinic J Med* 2015 82:638.
20. Weiss, D. co-author. Randomized controlled trial of a nationally available weight control program tailored for adults with Type 2 Diabetes. *Obesity*. 2016; 24: 2269-2277.
21. Weiss D, Weiss MF. Lyme disease. *Ann Intern Med* 2016; 165: 676-677.
22. Weiss, D. co-author. Impact on psychosocial outcomes of a nationally available weight management program tailored for individuals with Type 2 Diabetes: results of a randomized controlled trial. *J Diabetes and its Complications*. <http://dx.doi.org/10.1016/j.jdiacomp.2017.01.022>
23. Weiss, D. co-author. Association of fenofibrate therapy with long-term cardiovascular risk in statin-treated patients with Type 2 diabetes. 2017 *JAMA Cardiology*; 2: 370-380.
24. Weiss, D co-author. Changes in weight control behaviors and hedonic hunger in a commercial weight management program adapted for individuals with type 2 diabetes. 2020 *International Journal of Obesity*; 44: 990-98.
25. Weiss, D co-author. Understanding inhaled Technosphere Insulin: results of an early randomized trial in Type 1 Diabetes. 2021 *J Diabetes*; 13:164-72.
26. Weiss, D. Long term complications of bariatric surgery. 2021 *JAMA* 2021; 325: 186.

Daniel Weiss MD

XII. INDEPENDENT RESEARCH PRESENTATIONS

1. Weiss MF, Weiss D. Is osteoporosis a vector-borne infection or a complication of treatment? 2016 International Lyme and associated diseases society annual scientific conference. Philadelphia, PA. November 4-6, 2016.

Daniel Weiss MD

XIII. PRESENTATIONS TO MEDICAL PROFESSIONALS

1. Anticoagulation with Heparin: Efficacy, Monitoring, and Adverse Effects. Clinical Pharmacology Seminar, U of Iowa , March 31, 1981
  
2. Snake Venom Poisoning in the United States  
Internal Medicine Grand Rounds, U of Iowa, August 20, 1981
  
3. Cryptococcal Meningitis  
Infectious Disease Grand Rounds, U of Iowa, November 1981  
Rheumatology-Immunology Grand Rounds, U of Iowa, January 1982
  
4. Tetanus. Internal Medicine Grand Rounds, U of Iowa, January 21, 1982
  
5. Primary Hyperparathyroidism  
Internal Medicine Residents' Conference, U of Iowa, April 23, 1982
  
6. Aldosterone and Its Deficiency States  
Endocrinology-Metabolism Conference, U of Iowa, October 15, 1982
  
7. Hyperprolactinemia and Erectile Dysfunction  
Endocrinology-Metabolism Conference, U of Iowa, February 18, 1983
  
8. The Effect of Non-Systemic Glucocorticoids on the Hypothalamic-Pituitary- Adrenal Axis Endocrinology-Metabolism Conference,  
U of Iowa, August 19, 1983
  
9. Familial Euthyroid Hyperthyroxinemia  
Endocrinology-Metabolism Conference, U of Iowa, October 21, 1983

Daniel Weiss MD

10. Central Diabetes Insipidus  
General Medicine Conference, U of Iowa, March 20, 1984
11. Endocrine Dysfunction in Sarcoidosis  
Endocrinology-Metabolism Conference, U of Iowa, May 11, 1984
12. Thyroid Hormone Resistance  
Endocrinology-Metabolism Conference, U of Iowa, July 12, 1985
13. Humoral Hypercalcemia of Malignancy. Does Ectopic Hyperparathyroidism Exist?  
Clinical Endocrinology Conference, U of Iowa, August 13, 1985
14. Thyroid Hormone Therapy. Adverse Cardiovascular Effects and the Problem of Myxedema Coma. General Medicine Conference, U of Iowa, December 10, 1985
15. The Thyroid: State of the Art Lecture Series  
Department of Internal Medicine, U of Iowa, December 20, 1985
16. Diabetes Mellitus Update  
Family Practice Conference, St. Luke's Davenport (Iowa) Family Practice Residence Program, January 8, 1986
17. Disorders of Calcium Metabolism  
Endocrine section second year medical student course, U of Iowa  
March 11, 1986
18. Clinical Approach to Disorders of Calcium, Phosphorus and Magnesium. Mt. Sinai Medical Center, Cleveland, Ohio  
Department of Emergency Medicine -July 25, 1986  
Department of Internal Medicine-August 11, 1986
19. Hormone Resistant States  
Mt. Sinai Medical Center, Cleveland, Ohio  
Medical Resident's Journal Club - August 25, 1986
20. Diabetes Mellitus: Clinical Update

Daniel Weiss MD

Brentwood Hospital, Warrensville Heights, Ohio  
and Staff Conference - September 8, 1986

Residents'

21. Metabolic Bone Disease with a Focus on Oncogenic Osteomalacia  
Mt. Sinai Medical Center, Cleveland, Ohio  
Orthopedic Surgery Grand Rounds - October 22, 1986

22. Diabetic Ketoacidosis  
Mt. Sinai Medical Center, Cleveland, Ohio  
Department of Emergency Medicine- December 18, 1986

23. Understanding Thyroid Function Tests  
Mt. Sinai Medical Center, Cleveland, Ohio  
Department of Internal Medicine, Endocrine lecture series  
January 9, 1987

24. Peri-partum Thyroid Disease  
Mt. Sinai Medical Center, Cleveland, Ohio  
Obstetrics and Gynecology Grand Rounds - January 17, 1987

25. The Diagnosis of Hypo- and Hyperthyroidism: Recognition of  
Confusing Presentations. Mt. Sinai Medical Center, Cleveland, Ohio  
Internal Medicine Grand Rounds -February 4, 1987

26. Diabetes Mellitus: Clinical Update  
Youngstown Osteopathic Hospital, Youngstown, Ohio.  
February 5, 1987

27. Diabetes Mellitus: Clinical Update with a Focus on Type II Diabetes  
Wadsworth-Rittman Hospital, Wadsworth, Ohio  
Internal Medicine Grand Rounds - March 25, 1987

28. The Diagnosis of Hypo- and Hyperthyroidism: Recognition of  
Confusing Presentations.  
Hillcrest Hospital Medical Rounds- September 8, 1987.

29. Drug Effects on Thyroid Hormone Homeostasis.  
Greater Cleveland Academy of Pharmacy - September 16, 1987

30. The Solitary Thyroid Nodule.

Daniel Weiss MD

Warren Clinic, Warren, Ohio - October 21, 1987

31. Thyroid Hormone Resistance

Cleveland Clinic Foundation, Cleveland, Ohio

Endocrinology Grand Rounds - April 29, 1988

32. Diagnosing Hyperthyroidism and Hypothyroidism. Recognizing Confusing Presentations.

Euclid General Hospital Grand Rounds- May 19, 1988.

33. Evaluation of the Enlarged Thyroid.

Mt. Sinai Medical Center, Cleveland, Ohio

Department of Internal Medicine, Noon lecture series- June 2, 1988.

34. Diabetes Update: Patient Education Programs; What Good Are They?

And Human Insulin: Indications and Use. Mednet Department of Internal Medicine. November, 1988.

35. Clinical Approach to Thyroid Disease.

Mt. Sinai Internal Medicine Residents Noon Conference. May 1989

36. Clinical Aspects of Thyroid Disease. Mt. Sinai Internal Medicine

Residents Noon Conference. February 16, 1990.

37. Managing Diabetes in the 1990's. Ashtabula County Medical Center

May 10, 1990.

38. Clinical Aspects of Blood Lipids. University Mednet Department of

Internal Medicine. July 10, 1990.

39. Clinical Aspects of Blood Lipids. University Mednet Department of

Internal Medicine. December 10, 1990.

40. Clinical Aspects of Blood Lipids, Part 1. University Mednet

Department of Internal Medicine and Family Practice. May 30, 1991

41. Clinical Aspects of Blood Lipids, Part 2. University Mednet

Department of Internal Medicine and Family Practice. June 18, 1991

Daniel Weiss MD

42. Clinical Aspects of Blood Lipids, Part 3. University Mednet  
Department of Internal Medicine and Family Practice. September  
25, 1991

43. Oncogenic Osteomalacia. Tracking the Source of the Evil Humor.  
Case Western Reserve University School of Medicine  
Endocrine Grand Rounds. March 19, 1992.

44. Practical Tips in the Management of Diabetes Mellitus. Part 1.  
University Mednet Physicians. April 14 , 1992.

45. Practical Tips in the Management of Diabetes Mellitus. Part 2.  
University Mednet Physicians. May 19, 1992

46. Treatment Approaches in Patients with Type II Diabetes Mellitus.  
Internal Medicine/Family Practitioners, Canton, Ohio. May 27, 1992

47. No-Nonsense Diabetes Management. A Symposium for Primary Care  
Physicians. Therapeutic Options-Type II (Insulin; Oral Agents).  
Cleveland Hilton South. June 3, 1992

48. Diabetes mellitus. University Mednet Nursing Staff. Beachwood, Ohio.  
September 17, 1992.

49. Diabetes: Essentials of Good Care. Internists and Family  
Practitioners. Pepper Pike, Ohio. September 24, 1992.

50. Diabetes mellitus. Focus on Type II. Family practitioners.  
October 20, 1992.

51. Diabetes mellitus: Essentials of Good Care. Internists and Family  
Practitioners. Akron, Ohio. October 22, 1992.

52. Thyrotalk. University Mednet internists. Beachwood, Ohio.  
November 10. 1992.

53. Treatment of Dyslipidemia. Cleveland Society of Hospital  
Pharmacists. Independence, Ohio. November 25, 1992.

Daniel Weiss MD

54. Diabetes mellitus: Focus on treatment of Type II patients. Canton Veterans Administration Outpatient Clinic. February 4, 1993.
55. Oncogenic osteomalacia. Hadassah Medical Center - Ein Kerem, Department of Endocrinology, Jerusalem, Israel. June 14, 1993.
56. Clinical Management of Dyslipidemia. Family practitioners, Mentor, Ohio. July 13, 1993.
57. The Management of Diabetes. 4th Annual Westside Seminar of the Cleveland Academy of Osteopathic Medicine. September 18, 1993
58. Hypo- and Hyperthyroidism. Ashtabula area practitioners. Ashtabula, Ohio. October 28, 1993
59. Diabetes Update: Focus on the DCCT. University Mednet Physicians and Nurses, Beachwood, Ohio. January 31, 1994.
60. Diabetes Update: Focus on the DCCT. University Mednet Physicians and Nurses, Bedford, Ohio. February 3, 1994.
61. Thyroid Disorders and Laboratory Assessment. University Mednet Laboratory Staff. Euclid, Ohio. July 7, 1994
62. Diabetes Update. American Philippine Physicians Organization. Cleveland, Ohio. August 26, 1994.
63. Hypercholesterolemia and its Management. Internal Medicine Physicians. Beachwood, Ohio September 23, 1994.
64. Diabetes Update: Focus on the DCCT. University Mednet Physicians and Nurses. Mentor , Ohio. October 29, 1994.
65. De Quervain's Subacute Thyroiditis. University Hospitals of Cleveland, Endocrinology Grand Rounds. November 2, 1994
66. Important Developments in Diabetes Mellitus. Medical staff of Bedford Hospital. Orange, Ohio. November 2, 1994.



Daniel Weiss MD

67. Diabetes: What Every Nurse Should Know. Licensed Practical Nurse Association of Ohio, Northeast Ohio Annual Meeting. Mentor, Ohio. March 1, 1995.
68. Depression in the Medical Setting. Licensed Practical Nurse Association of Ohio, Northeast Ohio Annual Meeting. Mentor, Ohio. March 1, 1995.
69. Diabetes Mellitus: Exciting Clinical Progress. Lake Erie College of Osteopathic Medicine Primary Care 1995 symposium. Clymer, New York. March 5, 1995.
70. Diabetes Treatment Update. FP and Internists. Beachwood, Ohio. May 17, 1995.
71. Current Concepts and Therapy in the Management of Hypercholesterolemia. FP and Internists, Cleveland, Ohio. August 23, 1995.
72. New Therapeutic Strategies in the Treatment of Type II Diabetes Mellitus. Grace Hospital, Cleveland, Ohio. August 26, 1995.
73. Diabetes: What Every Treating Physician Must Know. University Mednet Mentor Clinic. September 19, 1995.
74. Managing Hyperlipidemia. FP and Internists. Cleveland, Ohio. October 18, 1995.
75. New Aspects in Diabetes Mellitus. Presented at the 1995 Internal Medicine Annual Fall Seminar of Meridia South Pointe Hospital. Dept of Internal Medicine. Sagamore Hills, Ohio. October 28, 1995.
76. Hypercholesterolemia. FP and Internists. Canton, Ohio. November 16, 1995.
77. Osteoporosis: Etiology, Pathophysiology, and Current Medical Management. Internists. Moreland Hills, Ohio. December 6, 1995.
78. Update on Hyperlipidemia. American Philippine Physicians Organization. Cleveland, Ohio. January 6, 1996.

Daniel Weiss MD

79. Osteoporosis: Recognition and Treatment. Cuyahoga Falls Hospital Grand Rounds. Cuyahoga Falls, Ohio. January 24, 1996.
80. Pharmacotherapy of Type II Diabetes: "Maximizing Diabetes Treatment", a Diabetes Association of Greater Cleveland Allied Health Professionals Symposium. Landerhaven (Pepper Pike) Ohio. March 20, 1996.
81. Osteoporosis Comes of Age. Mentor, Ohio. April 18, 1996.
82. Diabetes: New Concepts in Management. Meridia South Pointe Hospital Primary Care Provider Seminar. Landerhaven (Pepper Pike) Ohio. May 4, 1996.
83. Osteoporosis: Finding Patients at Risk. University Mednet physicians and nurses. Willoughby, Ohio. June 17, 1996.
84. Update on the Management of Lipid Disorders. Primary care providers. Cleveland, Ohio. June 29, 1996.
85. New Options in the Treatment of Type II Diabetes. Beachwood, Ohio. July 8, 1996.
86. Hypo- and Hyperthyroidism. Lake Hospital, Willoughby, Ohio. July 10, 1996.
87. Hypo- and Hyperthyroidism. Lake Hospital, Painesville, Ohio. July 17, 1996.
88. Hypercholesterolemia. Primary care providers. Moreland Hills, Ohio. August 7, 1996.
89. Diabetes Mellitus: Care at the Turn of the Century. Mentor, Ohio. September 5, 1996.
90. Depression in Primary Care. Mentor, Ohio. September 12, 1996.
91. Pharmacotherapy of Obesity: Treating the Underlying Disease. Primary care providers. Bratenahl, Ohio. September 24, 1996.

Daniel Weiss MD

92. Management of Dyslipidemia. University Hospital Internal Medicine Residents. Cleveland, Ohio. October 9, 1996.

93. New Options for the Treatment of Diabetes Mellitus. Fifth Annual "Practical Issues in Internal Medicine for the General Practitioner. A Focus on Type II Diabetes." University Hospitals Health System Bedford Medical Center. Landerhaven ( Pepper Pike) Ohio. October 9, 1996.

94. Hypercholesterolemia. Internal Medicine residents Cleveland Veterans Administration Hospital. Cleveland, Ohio. October 10, 1996.

95. An Update on Treatment of Hyperlipidemia. Advanced Practice Nursing Continuing Education Series. Cleveland VA Medical Center, Cleveland, Ohio. November 13, 1996.

96. Osteoporosis Comes of Age. Recognition and Treatment. Moreland Hills, Ohio. December 23, 1996.

97. Treating Hypercholesterolemia. Cleveland, Ohio. January 29, 1997.

98. Pharmacotherapy of Obesity. Treating the Underlying Disease. Beachwood, Ohio. February 12, 1997.

99. You Won't Find It That Way! Diagnosing and Treating Depression; A Sub-specialist's Perspective. Moreland Hills, Ohio. April 16, 1997.

100. Obesity in the Patient with Type II Diabetes. Rochester, New York. April 30, 1997.

101. New approaches for the early detection of postmenopausal osteoporosis. University Mednet Beachwood, Bedford and Mentor sites. May 14, May 22 and June 3, 1997 respectively.

102. The use of anorectic agents in the treatment of Type 2 Diabetes. Hudson, Ohio. June 11, 1997

Daniel Weiss MD

103. Treating Hypercholesterolemia: does it matter which agent you use. Moreland Hills, Ohio. June 18 1997.

104. Type 2 Diabetes. Current options for treatment and the role of troglitazone. Moreland Hills, Ohio. July 2, 1997

105. Type 2 Diabetes. New options for treatment. Mentor, Ohio. August 7, 1998.

106. Diabetes and obesity in minority populations: team tactics for a tough problem. Diabetes Association of Greater Cleveland Allied Health Professional Symposium. Pepper Pike (Landerhaven), Ohio. September 10, 1997.

107. Prevention of MI. An evidence-based approach. Boardman, Ohio. September 20, 1997.

108. Lowering cholesterol to reduce cardiovascular events. Oberlin, Ohio. September 25, 1997.

109. Prevention of myocardial infarction: surprising new findings that may alter your approach. Toledo, Ohio. October 9, 1997.

110. Prevention of myocardial infarction: surprising new findings that may alter your approach. St. Clairsville, Ohio. Belmont County Medical Society. October 16, 1997.

111. Prevention of myocardial infarction: surprising new findings that may alter your approach. Youngstown, Ohio. October 21, 1997.

112. Prevention of myocardial infarction: surprising new findings that may alter your approach. Middleburg Heights, Ohio. October 23, 1997.

113. Type 2 Diabetes and update on troglitazone. Cleveland, Ohio. December 10, 1997.

114. Treatment Type 2 Diabetes. New options and issues. Moreland Hills, Ohio. December 16, 1997.

Daniel Weiss MD

- 115. Type 2 Diabetes: new guidelines, new options. Cleveland Academy of Osteopathic Physicians. Beachwood, Ohio. January 16, 1998.
- 116. Diabetes Disease Management. Mentor, Ohio. January 19, 1998.
- 117. Type 2 Diabetes. The role of troglitazone. Cleveland. March 4, 1998.
- 118. Tailoring treatment for patients with Type 2 Diabetes. Cleveland. March 21, 1998.
- 119. New options for treating Type 2 Diabetes. Bratenahl, Ohio. March 25, 1998.
- 120. Treating hypercholesterolemia: an evidence-based approach. Beachwood, Ohio. May 6, 1998.
- 121. Clinical aspects of dyslipidemia. Pepper Pike, Ohio. May 21, 1998.
- 122. Tailoring treatment for Type 2 Diabetes. The role of Prandin. Moreland Hill, Ohio. June 4, 1998.
- 123. Tailoring therapy for Type 2 Diabetes. Aurora, Ohio. July 11, 1998.
- 124. New strategies for achieving metabolic control in Type 2 Diabetes. Pepper Pike, Ohio. August 5, 1998.
- 125. Optimizing glycemic control in Type 2 Diabetes. Concord, Ohio. August 12, 1998.
- 126. Diabetes Disease Management. Cleveland. August 25, 1998. Moderator.
- 127. Evista and Osteoporosis. A slide lecture program. Ashtabula, Ohio. August 27, 1998.
- 128. Type 2 Diabetes. Update on Rezulin. Cleveland. September 2, 1998.
- 129. Tailoring treatment for patients with Type 2 Diabetes. Cleveland. September 26, 1998.

Daniel Weiss MD

130. Update on osteoporosis. Bedford, Ohio. October 2, 1998.

131. Tailoring treatment for patients with Type 2 Diabetes. Cleveland. October 18, 1998.

132. Diabetic dyslipidemia: a reasoned approach to a difficult problem. Presented at "Conquering Diabetic Complications." A multidisciplinary symposium sponsored by University Hospitals of Cleveland. Cleveland. October 24, 1998.

133. Tailoring therapy in Type 2 Diabetes and the role of Prandin. Cleveland. November 4, 1998.

134. Current issues in the treatment of Type 2 Diabetes with a focus on troglitazone. Richmond Heights, Ohio. November 14, 1998.

135. Optimizing glycemic control in Type 2 Diabetes. Niles, Ohio. November 16, 1998.

136. Type 2 Diabetes and the place for troglitazone in treatment. Willoughby, Ohio. November 17, 1998.

137. Evista: A slide lecture program. Akron, Ohio. November 20, 1998.

138. Update on the Pharmacotherapy of Type 2 Diabetes and the role of Prandin. Boardman, Ohio. December 12, 1998.

139. What's new for Type 2 Diabetes. Mayfield Heights, Ohio. December 20, 1998.

140. Diabetic dyslipidemia. Mayfield Heights, Ohio. February 14, 1999

141: Insulin resistance and Type 2 Diabetes. Implications for treatment. Moreland Hills, Ohio. February 17, 1999.

142. Treating dyslipidemia. Ohio Association of Physician Assistants. 2<sup>nd</sup> Annual Winter Conference. Newbury, Ohio. February 27, 1999.

143. Treating diabetes. A continuum of care. Moreland Hills, Ohio. April 6, 1999.

Daniel Weiss MD

144. Type 2 Diabetes. Pepper Pike, Ohio. April 13, 1999.
145. Treating Type 2 Diabetes. Optimizing glycemic control. Pittsburgh, PA. April 22, 1999.
146. Treating Diabetic dyslipidemia. Union Hospital, Dover, Ohio. April 28, 1999.
147. Troglitazone update in the treatment of Type 2 Diabetes. Lake County Medical Society. Willoughby, Ohio. April 28, 1999.
148. Tailoring treating for dyslipidemia. Painesville, Ohio. May 15, 1999.
149. Treating depression. A non-psychiatrist's view. Cleveland, Ohio. May 30, 1999.
150. Insulin resistance and Type 2 Diabetes. Cleveland, Ohio. June 8, 1999
151. Rosiglitazone. A new option for treating Type 2 Diabetes. Pepper Pike, OH. June 30, 1999.
152. Xenical. A new alternative in weight management. Aurora, OH. July 11, 1999.
153. Type 2 Diabetes. Optimizing outcomes. UHHS Bedford Medical Center, Bedford, OH. August 3, 1999.
154. Treating obesity; the role of orlistat. Woodmere Village, Ohio. August 12, 1999.
155. New advances in the treatment of Type 2 Diabetes. Ashtabula, OH. September 7, 1999.
156. Pioglitazone in the treatment of Type 2 Diabetes. Akron, OH. September 22, 1999.
157. Management of obesity. In "Prescribing Controlled Drugs: Strategies for Clinical Practice. CWRU School of Medicine. Cleveland, OH. September 25, 1999 .

Daniel Weiss MD

158. New advances in the treatment of Type 2 Diabetes. Moreland Hills, OH. September 29, 1999.

159. Treating Dyslipidemia. Cleveland, OH. November 10, 1999.

160. New advances in the treatment of Type 2 Diabetes. Elkton, OH. November 16, 1999.

161. Options for the treatment of Type 2 Diabetes: New and Old, Simple and Complex. Chardon, OH. November 18, 1999.

162. Update on Type 2 Diabetes. Cuyahoga Falls, OH. December 2, 1999.

163. New advances in the treatment of Type 2 Diabetes. Youngstown, OH. December 4, 1999.

164. New advances in the treatment of Type 2 Diabetes. Cleveland, OH. December 8, 1999.

165. Insulin resistance and Type 2 Diabetes. Canton, OH. December 11, 1999.

166. An Algorithm for the treatment of Type 2 Diabetes. Euclid, OH. January 31, 2000.

167. New options for the treatment of Type 2 Diabetes. Akron, OH. February 4, 2000.

168. New options for the treatment of Type 2 Diabetes. Alliance, OH. February 16, 2000.

169. An Algorithm for the treatment of Type 2 Diabetes. Eastlake, OH. February 22, 2000.

170 . Insulin resistance and its role in Type 2 Diabetes. Cleveland, OH. March 4, 2000.

171. Multifactorial intervention in the patient with Diabetes. Woodmere Village, OH. March 15, 2000.



Daniel Weiss MD

172. Lipids and cardiovascular event reduction. Mentor, OH. March 16, 2000.

173. An introduction to Humalog Mix 75/25 and a review of Humalog Insulin. Ashtabula, OH. April 6, 2000.

174. Treating obesity. An update. Willoughby, OH. April 18, 2000

175. Treating hypercholesterolemia. Mentor, OH. April 27, 2000.

176. An introduction to Humalog Mix 75/25 and a review of Humalog Insulin. Kalamazoo, MI. April 28, 2000.

177. Treating obesity. An update. Presented at the 11<sup>th</sup> Annual Update in Internal Medicine sponsored by the Northeastern Ohio Universities College of Medicine. Cuyahoga Falls, OH. May 1, 2000.

178. Update on dyslipidemia. Mentor, OH. May 11, 2000.

179. Case studies in osteoporosis. Mentor, OH. May 11, 2000

180. A new insulin for the new millennium: Humalog Mix 75/25. Cleveland, OH. May 12, 2000.

181. The role of thiazolidinediones in the management of Type 2 Diabetes. Marion, OH. May 17, 2000

182. An introduction to Humalog Mix 75/25 and a review of Humalog Insulin. Cleveland, OH. May 18, 2000.

183. The role of thiazolidinediones in the management of Type 2 Diabetes. Mansfield, OH. May 24, 2000.

184. Treating obesity and the use of orlistat. Cleveland, OH. May 25, 2000.

185. Weight management in patients with co-morbid diseases. Cleveland, OH. June 2, 2000.

Daniel Weiss MD

186. Management of obesity. Presented as part of the education lunchtime CME series of Lake Hospital System. Erieside Clinic, Willoughby, OH. June 8, 2000.

187. Treating insulin resistance in Type 2 Diabetes. Cleveland, OH. July 5, 2000.

188. New advances in the treatment of Type 2 Diabetes. Sandusky, OH. July 8, 2000.

189. Treating insulin resistance in patients with Type 2 Diabetes. Massillon, OH. July 26, 2000.

190. New advances in the treatment of Type 2 Diabetes. Niles, OH. July 26, 2000.

191. Current concepts in the treatment and diagnosis of thyroid disorders. Family Medicine Grand Rounds. St Elizabeth Health Center, Youngstown, OH. July 27, 2000.

192. Optimizing outcomes in Type 2 Diabetes. Mentor, OH. August 17, 2000.

193. Type 2 Diabetes: treating the dual defects. Cuyahoga Falls, OH. August 20, 2000.

194. Treating obesity. Akron, OH. August 26, 2000.

195. New Advances in the Treatment of Type 2 Diabetes. Columbus, OH. August 27, 2000.

196. A new option for oral therapy of Type 2 Diabetes. September 6, 2000.

197. Insulin therapy for Type 2 Diabetes. Akron, OH. September 13, 2000.

198. Insulin therapy for Type 2 Diabetes. Ashtabula, OH. September 14, 2000.

199. Pharmacotherapy for Type 2 Diabetes. Cleveland, OH. September 28, 2000.

Daniel Weiss MD

200. Insulin adjustment and pattern management for intensive glycemic control. Northeastern Ohio chapter of the American Association of Diabetes Educators. Cleveland, OH. October 5, 2000.

201. A Review of Humalog and introduction to Humalog Mix 75/25. Mentor, OH. October 10, 2000.

202. Thyroid disorders: an overview. Presented as part of the education lunchtime CME series of Lake Hospital System. Erieside Clinic, Willoughby, OH. October 12, 2000.

203. New dimensions in the treatment of hyperlipidemia. Beachwood, OH. October 19, 2000.

204. A Review of Humalog and introduction to Humalog Mix 75/25. Moreland Hills, OH. October 25, 2000.

205. A new non-systemic approach to LDL cholesterol reduction. Cleveland, OH. October 29, 2000.

206. A Review of Humalog and introduction to Humalog Mix 75/25. Youngstown, OH. November 4, 2000.

207. Clinical update on Type 2 Diabetes. Madison, IN. November 7, 2000.

208. Management of dyslipidemia. Mentor, OH. November 16, 2000.

209. Treating insulin resistance in Type 2 Diabetes. Mayfield Heights, OH. November 25, 2000.

210. Insulin resistance and Type 2 Diabetes. Akron, OH. December 2, 2000.

211. Insulin resistance and Type 2 Diabetes. Woodmere Village, OH. December 14, 2000.

212. Insulin and post-prandial glycemic control. Cleveland, OH. February 15, 2001.

Daniel Weiss MD

213. An algorithm for initial treatment of Type 2 Diabetes. Euclid, OH. February 19 2001.

214. Post-prandial glycemic control and a new oral agent for Type 2 Diabetes. Moreland Hill, OH. February 21, 2001.

215. Optimizing outcomes in Type 2 Diabetes. Akron, OH. February 22, 2001.

216. Optimizing outcomes in Type 2 Diabetes. Woodmere Village, OH. February 28, 2001.

217. A new non-systemic approach to LDL-cholesterol lowering. Independence, OH. March 1, 2001.

218. A new non-systemic approach to LDL-cholesterol lowering. Niles, OH. March 8, 2001.

219. A new non-systemic approach to LDL-cholesterol lowering. Cuyahoga Falls, OH. March 14, 2001.

220. A novel approach to the treatment of Type 2 Diabetes. Moreland Hills, OH. March 21, 2001.

221. A new non-systemic approach to LDL cholesterol lowering. Ashtabula, OH. April 3, 2001.

221. Obesity and its treatment with orlistat. Eastlake, OH. April 9, 2001.

222. Treating Type 2 Diabetes by targeting the dual defects. Mansfield, OH. April 17, 2001.

223. Insulin therapy in Diabetes. Niles, OH. April 25, 2001

224. Insulin resistance in Type 2 Diabetes. Cleveland, OH. April 28, 2001.

225. Dyslipidemia in Diabetes. The data on statins. Euclid, OH. April 30, 2001.

Daniel Weiss MD

226. Optimizing outcomes in Type 2 Diabetes. Association of Philippine Physicians in Ohio. Cleveland, OH. May 5, 2001.

227. Combination therapy for glycemic control in Type 2 Diabetes. Mentor, OH. May 16, 2001

228. Faculty presenter at National WelChol Speakers' Training Meeting. Lake Geneva, Wisconsin. June 2, 2001.

229. Combination therapy for glycemic control in Type 2 Diabetes. Moreland Hills, OH. June 6, 2001.

230. Challenges in the treatment of dyslipidemia. Concord, OH. June 19, 2001.

231. Update on the treatment of hypercholesterolemia. Concord, OH. June 20, 2001.

232. Insulin resistance and the use of thiazolidinediones in the treatment of Type 2 Diabetes. Mentor, OH. June 27, 2001.

233. Insulin therapy in Type 2 Diabetes. The benefits of Insulin Glargine (Lantus). Warrensville Heights, OH. June 28, 2001.

234. Insulin use in Type 2 Diabetes and the use of new true basal insulin. Mentor, OH. July 12, 2001

235. Insulin resistance in Type 2 Diabetes; new perspectives on the thiazolidinediones. Moreland Hill, OH. July 25, 2001.

236. Insulin use in Type 2 Diabetes and the use of new true basal insulin. Ashtabula, OH. July 26, 2001.

237. Insulin resistance in Type 2 Diabetes; new perspectives on the thiazolidinediones. Ashtabula, OH. July 30, 2001.

238. Post-prandial glucose. New options to improve outcomes. Moreland Hill, OH. July 31, 2001.

Daniel Weiss MD

239. Diabetes Consultants Meeting, presenter, moderator. Beachwood, OH. August 21, 2001.

240. Treatment of obesity with a focus on pharmacotherapy. Mentor, OH. September 19, 2001.

241. Insulin resistance. New perspectives on the thiazolidinediones. Pepper Pike, OH. September 20, 2001.

242. Insulin resistance and insulin deficiency; treating dual defects to optimize outcomes in Type 2 Diabetes. Medina, OH. September 23, 2001.

243. Treating obesity. Weighing in on orlistat. Chagrin Falls, OH. September 24, 2001

244. Insulin resistance: new perspectives on the thiazolidinediones. Hudson, OH. October 2, 2001.

245. Insulin use in Type 2 Diabetes and the use of new true basal insulin. Mentor, OH. October 16, 2001.

246. A new true basal insulin for Type 1 and Type 2 Diabetes. Mentor, OH. October 23, 2001.

247. Insulin resistance: new perspectives on the thiazolidinediones. Bath, OH. October 25, 2001.

248. Improving glycemic control in Type 1 and Type 2 Diabetes or how to treat insulin deficiency while preserving lifestyle. Pepper Pike, OH and northeastern Ohio teleconference sites. October 29, 2001.

249. Optimizing outcomes in Type 2 Diabetes. 15<sup>th</sup> Annual Family Practice Weekend, Huntington, WV. November 10, 2001.

250. Treating obesity in adults. Department of Internal Medicine, Trumbull County Memorial Hospital, Warren, OH. November 13, 2001.

251. Unmet Needs in treating Diabetes. Roundtable Advisory Meeting for Pramlintide. Cleveland, OH. November 14, 2001.

Daniel Weiss MD

- 252. Insulin therapy and the use of insulin glargine. Cleveland, OH. November 15, 2001.
- 253. Improving glycemic control in Type 1 and Type 2 Diabetes or how to treat insulin deficiency while preserving lifestyle. Port Clinton, OH. November 28, 2001.
- 254. Insulin resistance: new perspectives on the thiazolidinediones. Beachwood, OH. December 4, 2001.
- 255. Insulin analogue use to optimize glycemia in patients with diabetes. Northeastern Ohio Chapter of the American Association of Diabetes Educators. Independence, OH. December 6, 2001
- 256. Insulin resistance. New perspectives on the thiazolidinediones. Mentor, OH. December 17, 2001.
- 257. Looking back, glancing forward: New approaches to dyslipidemia. Beachwood, OH. December 19, 2001.
- 258. Insights into the treatment of Type 2 Diabetes. Beachwood, OH. January 15, 2002.
- 259. Improving glycemic control in Type 2 Diabetes. Cleveland Academy of Osteopathic Physicians. Beachwood, OH. January 19, 2002.
- 260. Using insulin to optimize glycemic control. Cleveland, OH. January 20, 2002.
- 261. A mini-insulin tutorial. Mentor, OH. January 29, 2002.
- 262. Insulin resistance. New perspectives on the thiazolidinediones. Cleveland, OH. January 29, 2002.
- 263. Type 2 Diabetes: New approaches to treatment. Pittsburgh, PA. February 16, 2002.
- 264. The Evolution in the treatment of dyslipidemia. Mentor, OH. February 19, 2002.

Daniel Weiss MD

- 265. Type 2 Diabetes. New perspectives on the thiazolidinediones. Westlake, OH. February 25, 2002.
- 266. Optimizing outcomes in Type 2 Diabetes. Selected topics. UniversityMednet Internal Medicine Department. Richmond Heights, OH. February 26, 2002
- 267. Treatment of obesity in adults; the lowdown on orlistat. Chagrin Falls, OH. February 27, 2002.
- 268. Osteoporosis and the role of risedronate in therapy. Moreland Hills, OH. February 28, 2002.
- 269. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Licking Memorial Hospital Grand Rounds. Newark, OH. March 11, 2002.
- 270. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Newcomerstown, OH. March 11, 2002.
- 271. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Genesis Health Care System Bethesda Hospital Grand Rounds. Zanesville, OH. March 12, 2002.
- 272. Osteoporosis and the role of risedronate in therapy. Cleveland, OH. March 13, 2002
- 274. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Akron, OH. March 21, 2002
- 275. Osteoporosis and the use of risedronate. Canton, OH. March 23, 2002.
- 276. Reducing cardiovascular events with ramipril; the HOPE trial. Akron, OH. March 25, 2002.
- 277. Reducing cardiovascular events with ramipril; the HOPE trial. Mentor, OH. March 26, 2002.



Daniel Weiss MD

278. . Improving glycemic control in Type 1 and Type 2 Diabetes or how to treat insulin deficiency while preserving lifestyle. Toledo, OH. April 6, 2002.

279. The challenge of obesity. Presented at the Endocrinology Update of Lake Hospital System, a continuing medical education program. Eastlake, OH. April 24, 2002.

280. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Cleveland, OH. April 25, 2002.

281. Colesevelam in the treatment of hypercholesterolemia. Lyndhurst, OH. May 7, 2002.

282. Reducing cardiovascular events.: beyond conventional approaches. Bedford, OH. May 10, 2002.

283. Insulin therapy: analogues for superior glycemic control. Association of Philippine Physicians in Ohio. Cleveland, OH. May 11, 2002.

284. Selected topics in treating dyslipidemia. Mentor, OH. May 14, 2002.

285. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Hudson, OH. May 14, 2002.

286. Treating Type 2 Diabetes: the role of thiazolidinediones. Mayfield Heights, OH. May 18, 2002.

287. Colesevelam in the treatment of hypercholesterolemia. Rocky River, OH. May 22, 2002.

288. Update on treatment of hypercholesterolemia. Geneva, OH. June 5, 2002.

289. Improving glycemic control in Type 2 Diabetes: know the options, consider the patient. Mentor, OH. June 10, 2002.

290. Rediscovering insulin for Type 1 and Type 2 Diabetes. Solon, OH. June 26, 2002.

Daniel Weiss MD

291. Treating osteoporosis and the use of risedronate. Mentor, OH. June 27, 2002.

292. Treating Type 2 Diabetes: New perspectives on the thiazolidinediones. Akron, OH. July 16, 2002.

293. Treatment of Type 2 Diabetes and the central role of insulin resistance. Bedford, OH. August 23, 2002.

294. Reducing cardiovascular events: a non-traditional approach. Beachwood, OH. September 17, 2002.

295. Reducing cardiovascular events: a non-traditional approach. Mentor, OH. September 18, 2002.

296. Optimizing glycemic control in Type 2 Diabetes: use of oral agents. Family Practice Residents, University Hospitals of Cleveland. October 2, 2002.

297. Treating Type 2 Diabetes; novel pharmacotherapeutic approaches. Alliance. OH. October 2, 2002.

298. Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Erie, PA. October 16, 2002.

299. Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Beachwood, OH. October 22, 2002.

300. Insights into the treatment of Type 2 Diabetes. Moreland Hill, OH. October 23, 2002.

301. Insights into the treatment of Type 2 Diabetes. North Canton, OH. October 24, 2002.

302. Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Akron, OH. November 5, 2002.

303. Using insulin for Type 2 Diabetes. Family Practice Residents, University Hospitals of Cleveland. November 6, 2002.

Daniel Weiss MD

304. . Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Independence, OH. November 14, 2002.

305 Insights into the treatment of Type 2 Diabetes. Warren, OH. November 19, 2002.

306. Optimizing glycemic control in Type 2 Diabetes. Cleveland Medical Reading Club. Cleveland, OH. December 17, 2002.

307. Type 2 Diabetes: Beyond guidelines to evidence-based targets. Chagrin Falls, OH. December 21, 2002.

308. Case studies in dyslipidemia. Beachwood, OH. February 26, 2003.

309. Reducing cardiovascular events through a non-conventional approach. Chardon, OH. March 3, 2003.

310. Getting to goal in Type 2 Diabetes. Moreland Hills, OH. March 10, 2003.

311. Diabetes treatment update. UHHS Geauga Hospital, Chardon, OH. March 11, 2003.

312. Getting to goal in Type 2 Diabetes. Mansfield, OH. March 17, 2003.

313. Reducing cardiovascular events through a non-conventional approach. Mentor, OH. March 26, 2003.

314. Reducing cardiovascular events through a non-conventional approach. Eastlake, OH. April 1, 2003.

315. Using TZD therapy to optimize control in Type 2 Diabetes. Akron, OH. April 3, 2003.

316. Rational use of insulin in Type 2 Diabetes. Cleveland, OH. April 10, 2003.

317. Type 1 Diabetes. Ohio College of Podiatric Medicine students. April 11, 2003.

Daniel Weiss MD

- 318. Type 2 Diabetes. Ohio College of Podiatric Medicine students. April 18, 2003.
- 319. The Heart Protection Study. Westlake, OH. May 7, 2003
- 320. Early use of thiazolidinediones. Beachwood, OH May 15, 2003.
- 321. Early use of thiazolidinediones. Pepper Pike, OH. May 20, 2003.
- 322. Thiazolidinediones in Type 2 Diabetes. Akron, OH May 28, 2003.
- 323. Rational use of insulin in Type 2 Diabetes. Southwest General Hospital. Internal Medicine Grand Rounds. May 30, 2003.
- 324. Obesity: Evaluation and Management. Robinson Memorial Hospital Grand Rounds. Ravenna, OH. June 4, 2003.
- 325. The Heart Protection Study. Ontario, OH. June 10, 2003.
- 326. The Heart Protection Study. Beachwood, OH. June 19, 2003.
- 327. An update on osteoporosis treatment. Concord, OH. July 10, 2003.
- 328. Rational use of insulin in Type 2 Diabetes. Huron Road Hospital Internal Medicine Grand Rounds. Cleveland, OH. July 14, 2003.
- 329. The HOPE trial. Mentor, OH. July 15, 2003.
- 330. The role of thiazolidinediones in Type 2 Diabetes. Geneva, OH. July 16, 2003.
- 331. The Heart Protection Study. Canton, OH. August 7, 2003.
- 332. The HOPE trial. Mentor, OH. August 12, 2003.
- 333. One Step Ahead of the Guidelines: The Heart Protection Study. Youngstown, OH. September 10, 2003.

Daniel Weiss MD

- 334. One Step Ahead of the Guidelines: The Heart Protection Study. Lakewood, OH. September 16, 2003.
- 335. Update on Lipid Therapy. Mentor, OH. September 17, 2003.
- 336. Rosiglitazone update. Euclid Hospital, Cleveland Clinic Health System. Euclid, OH. September 19, 2003.
- 337. The Diabetes maze: Knowing where you're going and how to get there. Bath, OH. September 23, 2003.
- 338. Rational use of insulin for the elderly with Type 2 Diabetes. Louis Stokes VA Medical Center, Cleveland, OH. September 26, 2003.
- 339. Type 2 Diabetes and the use of thiazolidinediones. UHHS Richmond Heights Hospital Grand Rounds. Richmond Heights, OH. October 14, 2003.
- 340. Clinical and regulatory update on the management of hypothyroidism. Nationwide teleconferences on October 30, November 10, 19, December 11 all in 2003.
- 341. Update on treatment of dyslipidemia. Pepper Pike, OH. October 28, 2003.
- 342. Insulin pump therapy. UHHS Geauga Hospital. Chardon, OH. November 11, 2003
- 343. Update on treatment of dyslipidemia. Ashtabula County Medical Society. Ashtabula, OH. November 11, 2003.
- 344. The Metabolic Syndrome. Euclid Hospital Grand Rounds. Euclid, OH. November 13, 2003.
- 345. Update on dyslipidemia. Bratenahl, OH. November 13, 2003.
- 346. Update on hypercholesterolemia. Mentor, OH November 24, 2003.
- 347. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Mansfield, OH. November 25, 2003.

Daniel Weiss MD

- 348. The Heart Protection Study. Austintown, OH. December 4, 2003.
- 349. Insulin resistance and use of Thiazolidinediones. Northfield, OH. December 5, 2003.
- 350. Update on dyslipidemia. First Russian-American Physicians Meeting. Willoughby, OH December 6, 2003.
- 351. Reducing cardiovascular events and the HOPE trial. Beachwood, OH. December 9, 2003.
- 352. Treatment of dyslipidemia: an update. Mayfield Heights, OH. January 14, 2004.
- 353. Rosuvastatin: a panel presentation. Beachwood, OH. January 21, 2004.
- 354. Clinical and regulatory update on the management of hypothyroidism. Nationwide teleconferences on February 2, 3, March 2, 16, 30, May 6,
- 355. Update on Type 2 Diabetes. Ohio College of Podiatric Medicine, Cleveland, OH. February 10, 2004.
- 356. Intensive glycemic control for Type 2 Diabetes: a focus on insulin. Cuyahoga Falls General Hospital, Cuyahoga Falls, OH. February 21, 2004.
- 357. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Beachwood, OH. February 24, 2004.
- 358. Insulin and its use: a workshop. Lake Hospital, Willoughby, OH. March 18, 2004.
- 359. Using insulin to optimize glycemia. Teleconference delivered on April 1, April 20, May 4, June 11.
- 360. Type 2 Diabetes. Multiple considerations for optimal outcomes. Fairview Hospital, Cleveland, OH. April 27, 2004.
- 361. Osteoporosis. An update. Beachwood, OH. April 28, 2004.

Daniel Weiss MD

362. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Pepper Pike, OH. June 15, 2004.

363. Type 2 Diabetes. University Hospitals of Cleveland, Family Practice Residents. June 17, 2004.

364. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Pepper Pike, OH. June 29, 2004.

365. Getting to goal in Type 2 Diabetes; it matters how you get there. Painesville, OH . July 14, 2004.

366. Lipid update. Beachwood, OH. July 21, 2004.

367. Using insulin to optimize glycemic control in Type 2 Diabetes. Cleveland, OH. August 10, 2004.

367. Strike Early to Obtain and Sustain A1c Goal. Westlake, OH. August 31, 2004.

368. Strike Early to Obtain and Sustain A1c Goal. Bluefield, West Virginia. September 9, 2004.

369. Type 2 Diabetes and the use of thiazolidinediones. Meeting of the Ohio Association of Advanced Practice Nurses in Warren, OH. September 23, 2004.

370. Using insulin glargine alone or in combination with oral agents for Type 2 Diabetes. Teleconference delivered on Sept 29, October 6, October 27.

371. Treating hypercholesterolemia. Euclid, OH. October 5, 2004.

372. Insulin use for Type 2 Diabetes: balancing simplicity with control. Mentor, OH. October 21, 2004.

373. Strike Early to Obtain and Sustain A1c Goal. Woodmere Village, OH. October 28, 2004.

Daniel Weiss MD

374. Thiazolidinedione use for Type 2 Diabetes. Madison, OH. October 29, 2004.

375. Strike Early to Obtain and Sustain A1c Goal. Hudson, OH. November 11, 2004.

376. Using insulin to optimize glycemic control. Cleveland, OH. November 16, 2004.

377. Using statins to reduce cardiovascular events in Type 2 Diabetes. Fairview Hospital, Cleveland, OH. November 18, 2004.

378. Thiazolidinedione use for Type 2 Diabetes. Avon, OH. November 19, 2004.

379. An insulin practicum. Lyndhurst, OH. December 2, 2004.

380. Type 2 Diabetes and the use of thiazolidinediones. Meeting of the Northeast Ohio Association of Diabetes Educators, Independence, OH. December 9, 2004.

381. Statins: an update. Mentor, OH. January 3, 2005.

382. Prescribing insulin for those with Type 2 Diabetes. Westlake, OH. January 27, 2005.

383. Optimizing glycemic control with insulin. Huron Hospital Medical Grand Rounds. January 31, 2005.

384. Prescribing insulin for those with Type 2 Diabetes. Saybrook, OH. February 2, 2005.

385. Thiazolidinedione use for Type 2 Diabetes. North Royalton, OH. February 3, 2005.

386. Diabetes: an update and overview. Greater Cleveland Peri-Anesthesia Nurses Association XI. Bedford, OH. February 26, 2005.

387. Insights into insulin therapy. Mentor, OH. March 9, 2005.



Daniel Weiss MD

388. Thiazolidinedione use for Type 2 Diabetes. Independence, OH. March 10, 2005.

389. Thiazolidinedione use for Type 2 Diabetes. Orange Village, OH. March 24, 2005.

390. Thiazolidinedione use for Type 2 Diabetes. Orange Village, OH. April 19, 2005.

391. Using Insulin Glargine for Type 2 Diabetes. Teleconference. May 4, 2005.

392. Treating Type 2 Diabetes. Neighborhood Family Practice, Cleveland OH. May 5, 2005.

393. Thiazolidinedione use for Type 2 Diabetes. Concord, OH. May 10, 2005.

394. Treating hypertension and hypercholesterolemia: recent data with a focus on Type 2 Diabetes. Mentor, OH. May 11, 2005.

395. Statins: an update on rosuvastatin.. Mentor, OH. May 12, 2005

396. Intensive insulin therapy and insulin glulisine. Cincinnati, OH. May 16, 2005.

397. Complications of Diabetes. Can they be prevented ? Jewish Hospital Grand Rounds, Cincinnati, OH. May 17, 2005.

395. Insulin Glulisine, national teleconference. May 19, 2005.

396. Once monthly ibandronate for osteoporosis. Lakewood, OH. June 2, 2005.

397. Once monthly ibandronate for osteoporosis. Willoughby, OH. June 7, 2005.

398. Once monthly ibandronate for osteoporosis. Cleveland, OH. June 16, 2005.

Daniel Weiss MD

- 399. Byetta: The First Incretin Mimetic. Local moderator for a national program presented by satellite. Cuyahoga Falls, OH. June 21, 2005.
- 400. Insulin initiation. A Case study approach. A teleconference held on June 21, 2005.
- 401. Using insulin in Type 2 Diabetes. A Joslin Diabetes Center program. Moderator. Cleveland, OH. June 28, 2005.
- 402. Once monthly ibandronate for osteoporosis. Pepper Pike, OH. June 29, 2005.
- 403. Thiazolidinedione use for Type 2 Diabetes. Broadview Heights, OH. June 30, 2005.
- 404. Once monthly ibandronate for osteoporosis. Mentor, OH. July 11, 2005.
- 405. Byetta: The First FDA-approved Incretin Mimetic. Willoughby, OH. July 12, 2005.
- 406. Byetta: The First FDA-approved Incretin Mimetic. Cleveland, OH. July 13, 2005.
- 407. Byetta: The First FDA-approved Incretin Mimetic. Westlake, OH. July 14, 2005.
- 408. Byetta: The First FDA-approved Incretin Mimetic. Mentor, OH. July 19, 2005.
- 409. Byetta: The First FDA-approved Incretin Mimetic. Zanesville, OH. July 20, 2005.
- 410. Byetta: The First FDA-approved Incretin Mimetic. Westlake, OH. July 26, 2005.
- 411. Byetta: The First FDA-approved Incretin Mimetic. Hudson, OH. July 27, 2005.
- 412. Byetta: The First FDA-approved Incretin Mimetic. Canton, OH. July 28, 2005.

Daniel Weiss MD

- 413. Diabetic Microvascular Complications. A Joslin Diabetes Center program. Moderator. Cleveland, OH. August 2, 2005.
- 414. Byetta: The First FDA-approved Incretin Mimetic. Cleveland, OH. August 3, 2005.
- 415. Byetta: The First FDA-approved Incretin Mimetic. Milan, OH. August 4, 2005.
- 415. Targeting lipids to reduce cardiovascular events; recent clinical trials. Beachwood, OH. August 9, 2005.
- 416. Byetta: The First FDA-approved Incretin Mimetic. Erie, PA. August 16, 2005.
- 417. Byetta: The First FDA-approved Incretin Mimetic. Coshocton, OH. August 17, 2005.
- 418. Byetta: The First FDA-approved Incretin Mimetic. A teleconference. August 18, 2005.
- 419. Byetta: The First FDA-approved Incretin Mimetic. A teleconference. August 25, 2005.
- 420. Thiazolidinedione use for Type 2 Diabetes. Lakewood, OH. August 26, 2005.
- 421. Byetta: The First FDA-approved Incretin Mimetic. Concord, OH. August 31, 2005.
- 422. Rosuvastatin in treating hypercholesterolemia. Mentor, OH. September 12, 2005.
- 423. Byetta: The First FDA-approved Incretin Mimetic. Grand Rapids, MI. September 15, 2005.
- 424. In-Hospital glucose control. Beachwood, OH. September 22, 2005.

Daniel Weiss MD

425. Thiazolidinedione use for Type 2 Diabetes. Warren, OH. September 29, 2005.

426. Byetta: The First FDA-approved Incretin Mimetic. Schererville, IN. October 6, 2005.

427. Thiazolidinedione use for Type 2 Diabetes. Beachwood, OH. October 11, 2005.

428. Collaboration and Clarity in Diabetes Care. PDM Healthcare Expo. Cleveland, OH. October 22, 2005.

429. Lake Hospital System Diabetes Symposium: New therapies for 2 Diabetes: the incretin pathway. AND Practical applications of therapy for Type 2 Diabetes case discussions, in conjunction with Dr Martin Mandel. Eastlake, OH October 26, 2005.

430. Byetta: The First FDA-approved Incretin Mimetic. Beachwood, OH. October 27, 2005.

431. Single agent efficacy in treating hypercholesterolemia. Huron Hospital Internal Medicine Residents, Cleveland, OH. October 28, 2005.

432. Thiazolidinediones. Cleveland, OH. November 1, 2005

433. Byetta: The First FDA-approved Incretin Mimetic. Vermilion, OH. November 1, 2005.

434. Diabetes management. A case from the Joslin Diabetes Center Affiliate. St Vincent Charity Hospital Noon Residents Conference. Cleveland, OH. November 8, 2005.

435. Targeting the incretin pathway in the treatment of Type 2 Diabetes. Genesis Healthcare System Bethesda Hospital Grand Rounds, Zanesville, OH. November 12, 2005.

436. Thiazolidinediones. Cleveland, OH. November 15, 2005.

437. Type 2 Diabetes. Thiazolidinediones and other treatment options; a roundtable discussion. Independence, OH. November 16, 2006.

Daniel Weiss MD

- 438. Improving cardiovascular outcomes: LDL and beyond. A Joslin Diabetes Center program. Moderator. Cleveland, OH. November 17, 2005.
- 439. Diabetes management. St Vincent Charity Hospital Noon Residents Conference. Cleveland, OH. November 22, 2005
- 440. Diabetes, glycemia and new hormonal paradigms. A Joslin Diabetes Center program. Moderator. Cleveland, OH. December 8, 2005.
- 441. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Beachwood, OH. December 13, 2005
- 442. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Beachwood, OH. December 14, 2005.
- 443. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Richmond Heights Hospital. Richmond Heights , OH. December 16, 2005.
- 444. Inpatient glycemic control. A teleconference. December 19, 2005.
- 445. Self-regulation of glycemic control. Understanding Byetta. A teleconference. February 2, 2006.
- 446. New insights in the treatment of Type 2 Diabetes. Southwest General Health Center Grand Rounds. February 3, 2006.
- 447. Type 2 Diabetes: Thiazolidinediones and other treatment options; a roundtable program. Madison, OH. February 7, 2006.
- 448. Byetta: The First FDA-approved Incretin Mimetic. Mentor, OH February 7, 2006.
- 449. Thiazolidinediones and other treatment options. Independence, OH. February 15, 2006.
- 450. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Pepper Pike, OH. February 16, 2006.
- 451. Thiazolidinediones in the treatment of Type 2 Diabetes. Hudson, OH. February 21, 2006.

Daniel Weiss MD

452. Once monthly ibandronate for osteoporosis. Mentor, OH. February 22, 2006.

453. Reducing insulin resistance and cardiovascular risk. A Joslin Diabetes Center program. Moderator. Cleveland, OH. February 28, 2006.

454. Thiazolidinediones in the treatment of Type 2 Diabetes. Independence, OH. March 7, 2006.

455. New Insights into Initiating Insulin therapy. Willoughby, OH. March 8, 2006.

456. Type 2 Diabetes. Thiazolidinediones in the treatment of Type 2 Diabetes. Shaker Heights, OH. March 13, 2006.

457. Inpatient glucose control. Cleveland, OH. March 30, 2006.

458. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Mentor, OH. April 7, 2006.

459. Use of Symlin for Insulin Using Patients with Diabetes. Cleveland, OH. April 25, 2006.

460. Thiazolidinediones in the treatment of Type 2 Diabetes. Warren, OH. April 26, 2006.

461. Thiazolidinediones in the treatment of Type 2 Diabetes. UHHS Richmond Hospital Residents. Richmond Hts., OH. May 5, 2006.

462. Rational use of insulin. Marion, OH. May 11, 2006.

463. Thiazolidinediones in the treatment of Type 2 Diabetes. Beachwood, OH. May 17, 2006.

464. Rational use of insulin. Hudson, OH. May 18, 2006.

465. Rational use of insulin. Canton, OH. May 23, 2006.

Daniel Weiss MD

466. Thiazolidinediones in the treatment of Type 2 Diabetes. Pepper Pike, OH. May 25, 2006.

467. Rational use of insulin. Hudson, OH. June 1, 2006.

468. Rational use of insulin. Warren, OH. June 7, 2006.

469. Thiazolidinediones in the treatment of Type 2 Diabetes. Cleveland, OH. June 8, 2006.

470. Insulin treatment in Type 2 Diabetes. A Joslin Diabetes Center program. Moderator. Cleveland, OH. June 13, 2006.

471. Presenter at the American Academy of Nurse Practitioners' Annual Meeting: Diagnostic Challenges in Diabetes; Intensive Insulin Therapy; Combination Therapy to Optimize Glycemic Control on June 21 and 22, 2006. Grapevine, Texas.

472. Thiazolidinediones in the treatment of Type 2 Diabetes. Madison, OH. June 29, 2006.

473. Using insulin rationally. St Vincent Charity Hospital. Internal Medicine residents program. July 11, 2006.

474. Apidra and rational use of insulin. Allentown, PA. July 12, 2006.

475. Using insulin rationally; the inpatient setting. St Vincent Charity Hospital. Internal Medicine residents program. July 18, 2006.

476. Changing the paradigm for insulin delivery. A Joslin Diabetes Center program. Moderator. Cleveland, OH. July 25, 2006.

477. Thiazolidinediones in the treatment of Type 2 Diabetes. North Ridgeville, OH. July 28, 2006.

478. Thiazolidinediones in the treatment of Type 2 Diabetes. Elyria, OH. August 4, 2006.

479. Thiazolidinediones in the treatment of Type 2 Diabetes. Amherst, OH. August 8, 2006.

Daniel Weiss MD

- 480. Humalog and Humalog Mix regimens in insulin therapy. A teleconference. August 21, 2006.
- 481. Apidra and rational use of insulin. Elyria, OH. September 12, 2006.
- 482. Thiazolidinediones in the treatment of Type 2 Diabetes. Twinsburg, OH. September 13, 2006.
- 483. Diabetes, gastrointestinal hormones and incretins: clinical implications. A Joslin Diabetes Center program. Moderator. Cleveland, OH. September 21, 2006.
- 484. Thiazolidinediones in the treatment of Type 2 Diabetes. Mentor, OH. September 27, 2006.
- 485. Thiazolidinediones and Cardiovascular disease in Type 2 Diabetes. Moderator. Cleveland, OH. October 3, 2006.
- 486. Byetta and Symlin: agents in the treatment of diabetes. Independence, OH. October 4, 2006.
- 487. A novel approach to cardiometabolic risk reduction: the endocannabinoid system. Alliance Community Hospital, Alliance, OH. October 18, 2006.
- 488. Byetta : where it fits in the treatment of Type 2 Diabetes. Madison, OH. October 25, 2006.
- 489. Exubera. Woodmere Village, OH. October 26, 2006.
- 490. Byetta. A teleconference. October 27, 2006.
- 491. A novel approach to cardiometabolic risk reduction: the endocannabinoid system. Genesis Health Care System, Zanesville, OH. November 1, 2006.
- 492. Januvia and oral DPP 4 inhibition. Columbus, OH. November 1, 2006.
- 493. Januvia and oral DPP 4 inhibition. New Castle, PA. November 2, 2006.



Daniel Weiss MD

- 494. A novel approach to cardiometabolic risk reduction: the endocannabinoid system. Trumbull Memorial Hospital, Warren, OH. November 3, 2006.
- 495. Apidra and rational use of insulin. Niles, OH. November 8, 2006.
- 496. Thiazolidinediones in the treatment of Type 2 Diabetes. Akron, OH. November 9, 2006.
- 497. Treating Type 2 Diabetes. Woodmere Village, OH. November 14, 2006.
- 498. Exubera at the "Steps to Healthier Cleveland" symposium. Cleveland, OH. November 15, 2006.
- 499. Ethnicity, Diabetes, and Cardiovascular Disease. A Joslin Diabetes Center program. Moderator. Cleveland, OH. November 15, 2006.
- 500. Januvia and oral DPP 4 inhibition. Independence, OH. November 16, 2006.
- 501. Treating Type 2 Diabetes, Willoughby, OH. November 17, 2006.
- 502. Januvia and oral DPP 4 inhibition. Canton, OH. November 21, 2006.
- 503. Thiazolidinediones in the treatment of Type 2 Diabetes. Willoughby, OH. November 28, 2006.
- 504. Using Symlin in the treatment of diabetes. Toledo, OH. November 29, 2006.
- 505. Januvia and oral DPP 4 inhibition. Boardman, OH. December 5, 2006.
- 506. Januvia and oral DPP 4 inhibition. Pittsburgh, OH. December 6, 2006.
- 507. Apidra and rational use of insulin. Cleveland, OH. December 7, 2006.
- 508. Thiazolidinediones in the treatment of Type 2 Diabetes. Beachwood, OH. December 13, 2006.
- 509. Januvia and oral DPP 4 inhibition. Cleveland, OH. January 10, 2007.

Daniel Weiss MD

- 510. Januvia and oral DPP 4 inhibition. Akron, OH. January 11, 2007.
- 511. Options for insulin therapy. Madison, OH. January 16, 2007.
- 512. Thiazolidinediones in the treatment of Type 2 Diabetes. Independence, OH. January 17, 2007.
- 513. Options for insulin therapy. Painesville, OH. January 18, 2007.
- 514. Januvia and oral DPP 4 inhibition. Beachwood, OH. January 23, 2007.
- 515. Exenatide and Pramlintide. Cleveland, OH. January 24, 2007.
- 516. Januvia and oral DPP 4 inhibition. Vienna, WV. January 25, 2007.
- 517. Januvia and oral DPP 4 inhibition. Charleston, WV. February 6, 2007.
- 518. Exenatide in the treatment of Type 2 Diabetes. Mentor, OH. February 8, 2007.
- 519. Apidra and rational use of insulin. Vienna, OH. February 20, 2007.
- 520. Thiazolidinediones in the treatment of Type 2 Diabetes. Shaker Heights, OH. February 22, 2007.
- 521. Januvia and oral DPP 4 inhibition. Dayton, OH. February 27, 2007.
- 522. Thiazolidinediones in the treatment of Type 2 Diabetes. Beachwood, OH. February 28, 2007.
- 523. Insulin therapy and the use of Exubera. Warren, OH. March 16, 2007.
- 524. Thiazolidinediones and Type 2 Diabetes. Cleveland, OH. March 19, 2007.
- 525. Byetta. Wheeling, WV. March 20, 2007.
- 526. Type 2 Diabetes. Clarifying treatment options. Diabetes Association of Greater Cleveland Allied Health Professionals Symposium, Westlake, OH. March 22, 2007.

Daniel Weiss MD

- 527. Thiazolidinediones and Type 2 Diabetes. Mentor, OH. March 22, 2007.
- 528. Byetta and Symlin. Louisville, KY. March 27, 2007.
- 529. DPP-4 inhibition in the treatment of Type 2 Diabetes. Beachwood, OH. March 28, 2007.
- 530. Type 2 Diabetes. Clarifying treatment options. UHHS Geauga Hospital Grand Rounds. Chardon, OH. March 29, 2007.
- 531. Simple Flexible Insulin Therapy. Teleconference. March 29, 2007.
- 532. Rosuvastatin for treatment of hypercholesterolemia. Beachwood, OH. April 12, 2007.
- 533. Optimizing glucose control in Type 2 Diabetes: agent selection and using newer agents. St. Vincent Charity Hospital Medical Grand Rounds. Cleveland, OH. April 18, 2007.
- 534. Byetta. Morgantown, KY. April 19, 2007
- 535. Byetta. Lewisburg, KY. April 19, 2007
- 536. Byetta and Symlin. Bowling Green, KY. April 19, 2007
- 537. DPP-4 inhibition in the treatment of Type 2 Diabetes. Cranberry Township, PA. April 25, 2007.
- 538. Simple Flexible Insulin Therapy. Teleconference. April 26, 2007.
- 539. DPP-4 inhibition in the treatment of Type 2 Diabetes. Cleveland, OH. April 26, 2007.
- 540. Using insulin to optimize glucose control in the outpatient and inpatient setting. Euclid Hospital Grand Rounds. Euclid, OH. May 3, 2007.
- 541. Insulin therapy and the benefits of a basal/bolus approach. Cleveland, OH. May 4, 2007.

Daniel Weiss MD

- 542. New delivery devices for insulin administration. Willoughby, OH. May 9, 2007.
- 543. Symlin for patients on mealtime insulin. Vermilion, OH. May 10, 2007.
- 544. Single agent efficacy for dyslipidemia. Warren, OH. June 6, 2007.
- 545. Symlin for patients on mealtime insulin. Beachwood, OH. June 7, 2007.
- 546. ONLY PROGRAMS FOR WHICH CME CREDIT WAS OFFERED ARE SHOWN AFTER THE ABOVE DATE.
- 547. Diabetes and Heart Failure. Case Western Reserve University School of Medicine. June 10, 2008.
- 548. Rational use of insulin. UHHS Richmond Hospital. September 3, 2009
- 549. Prevention of Diabetic Complications; When is Diabetes Diagnosed. LakeHealth Diabetes Symposium. April 28, 2010.
- 550. Glycemic control for inpatients. Euclid Hospital Clinical Conference Lecture. Euclid, OH. October 28, 2010.
- 551. Insulin initiation and intensification at *Diabetes Day for Primary Care Physicians* co-sponsored by American Association of Clinical Endocrinologists. Cleveland, OH. November 13, 2010
- 552. How to use insulin. UHHS Richmond Medical Center Graduate Medical Education program. December 9, 2010.
- 553. The Endocrinology Club. Update of the ACCORD Trial. Clinical implications of the ACCORD trial to the management of Type 2 Diabetes. One of several presenters. March 10, 2011. Beachwood, OH.
- 554. Greater Northwest Ohio Diabetes Symposium. Insulin initiation and intensification. Findlay, OH. September 17, 2011.
- 555. Akron General Medical Center, Endocrine Grand Rounds: Enlightened Insulin Prescribing. Akron, OH. March 20, 2013.

Daniel Weiss MD

- 556. Unmet Needs in Treating Dyslipidemia. Woodmere, OH. October 22, 2013.
- 557. Pharmacotherapy for weight loss. Obesity Update 2014 symposium. Eastlake, OH. LakeHealth April 30, 2014.
- 558. "Diabetes and body weight" presented during Ohio AADE Diabetes Education Day on June 6, 2014. Independence, OH.
- 559. Diabetes: what's new to know for the outpatient and inpatient. LakeHealth Symposium on January 28, 2015. Eastlake, OH.
- 560. Akron General Medical Center, Endocrine Grand Rounds: Addressing the triple challenge of hypoglycemia, weight and glucose control. Akron, OH. February 3, 2016
- 561. Diabetes Symposium. LakeHealth. Served as moderator for this program with 4.0 Category 1 credits and presenter of:  
Type 2 Diabetes and cardiovascular outcome trials: which agents have shown benefit?  
AND Insulin in Type 2 Diabetes: what to do and what's new?  
Eastlake, OH. January 24, 2018.
- 562. Treating Type 2 Diabetes; What you might not have considered, glycemic and non-glycemic factors at the Cleveland Academy of Osteopathic Medicine's 54<sup>th</sup> Annual January Seminar. Cleveland, OH. January 18, 2019.
- 563. Diabetes Treatment Overview. UHHS Family Medicine didactics (to residents). October 26, 2021.
- 564. Diabetes Treatment Overview. UHHS Family Medicine didactics (to residents). November 9, 2022

Daniel Weiss MD

*Note: Dr. Weiss continues to be an speaker presenting at programs across the United States. However, as of June 2007 only programs that were non-promotional in nature are listed above.*

#### XIV. Outpatient Teaching of Health Professionals in Training

Instruction of internal medicine residents 1-2 half days a week in the months of June and July 1995 from University Hospitals of Cleveland.

Teaching of 3<sup>rd</sup> year Family Practice Resident from the University Hospitals of Cleveland program: February 2004.

Teaching of 3<sup>rd</sup> year Internal Medicine Resident from the University Hospitals of Cleveland program: December 2004, February 2005

Teaching of Internal Medicine and Family Practice Residents from the osteopathic medicine programs of UHHS-Richmond Heights Hospital and Millcreek Community Hospital (Erie, PA): November 2005; March 2006, May 2006, September 2006, October 2006; May 2008, January 2009, August 2009, December 2009, January 2010, February 2010, March 2010, June 2010, November 2010, August-December 2011, January 2012, June 2012 then until 2020.

Teaching of medical students: April 2010, May 2013, February 2016, 2018, 2019, 2020

Daniel Weiss MD

Teaching of nurse practitioner students: July 2011, August 2014, July 2015, July 2016, 2018, 2019, 2020, 2021

Lecturer on Diabetes mellitus for the Ohio College of Podiatric Medicine:

2003

2004

2006

2007

#### XV. Inpatient Teaching Service

Internal Medicine Residents at Hillcrest Hospital

September 1992

May 1993

December 1993

July 1994

August 1996

#### XVI. Legal experience

Expert witness work:

1992-1993 US Air Flight 405 in which plaintiff claimed diabetes was the result of the air crash.

2021 in which the plaintiff claimed that a motor vehicle accident was the result of the person's uncontrolled diabetes

#### XVII. Participation in Clinical Trials

Daniel Weiss MD

1991 to 1997: Intranasal calcitonin for the prevention of osteoporotic vertebral fractures (PROOF). Study 320. Principal investigator; sponsor : Sandoz (Novartis)

1995 to 1997: The efficacy of fluoxetine in adult stuttering. Principal investigator of this investigator initiated trial.

1996-97.Comparative outcomes study of metformin vs. conventional approach. Principal investigator ( sponsor: Bristol-Myers Squibb)

1998 : A comparison of echocardiographic findings in patients treated with Redux (dexfenfluramine HCL) vs. matched obese patients not treated with anorexigens: a multicenter U. S. study. Principal investigator (sponsor: Interneuron Pharmaceuticals) Findings published in Circulation 1999; 100:2161-67.

1998: Tricor U.S. multicenter physician experience trial. . Principal investigator (sponsor:Abbott)

1998-99: An evaluation of the Serene support program in conjunction with Serzone for the treatment of depression. Principal investigator (sponsor:Bristol-Myers Squibb)

2000-2001: Omapatrilat Cardiovascular Treatment Versus Enalapril: OCTAVE. Principal investigator (sponsor: Bristol-Myers Squibb).

2000-2009: Action to Control Cardiovascular Risk in Diabetes (ACCORD) Trial. Principal investigator (sponsor: National Heart Lung and Blood Institute).

2001-2002: Antihypertensive Efficacy of Adding Candesartan Cilexetil to Lisinopril in Comparison to Up-titration of Lisinopril. Principal investigator (sponsor: Astra-Zeneca).

2001- 2003: A Randomized, Double-Blind, Placebo-Controlled, Multicenter, 24-week Study to Evaluate the Safety and Tolerability of Pyridorin (pyridoxamine dihydrochloride) in Patients with Diabetic Nephropathy Associated with Type 1 or Type 2 Diabetes. Sub-Principal investigator. (sponsor: Biostratum).

2002: A Phase 3, Randomized, Triple-Blind, Parallel-Group, Long-Term, Placebo-Controlled, Multicenter Study to Examine the Effect on Glucose Control (HbA1c) of AC2993 Given Two Times a Day in Subjects With Type 2 Diabetes



Daniel Weiss MD

Mellitus Treated With Metformin Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2002: A Phase 3, Randomized, Triple-Blind, Parallel-Group, Long-Term, Placebo-Controlled, Multicenter Study to Examine the Effect on Glucose Control (HbA1c) of AC2993 Given Two Times a Day in Subjects With Type 2 Diabetes Mellitus Treated With a Sulfonylurea Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2002: A Phase 3, Randomized, Triple-Blind, Parallel-Group, Long-Term, Placebo-Controlled, Multicenter Study to Examine the Effect on Glucose Control (HbA1c) of AC2993 Given Two Times a Day in Subjects With Type 2 Diabetes Mellitus Treated With Metformin and a Sulfonylurea. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2002-2004: An Open-Label Extension Study to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of AC2993 Given Two Times a Day to Subjects Treated With Metformin Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2004: An Open-Label Extension Study of Protocol to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of AC2993 Given Two Times a Day to Subjects Treated With Sulfonylurea Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2004: An Open-Label Extension Study to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of AC2993 Given Two Times a Day to Subjects Treated With Metformin and a Sulfonylurea. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2003-2005: Efficiency and Safety of Inhaled Technosphere/Insulin Compared to Technosphere/Placebo in Patients with Type 2 Diabetes Mellitus Following Diabetes Education. Principal investigator. (sponsor: Mannkind Corporation).

2004-2007: An Open-Label Study to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of Exenatide Given Two Times a Day to Subjects With Type 2 Diabetes Mellitus. Principal investigator. (sponsor: Amylin Pharmaceuticals)

Daniel Weiss MD

2004-2006: A Multicenter, Randomized, Double-Blind Study to Compare the Effect of 24 Weeks Treatment with vildagliptin or Placebo in Drug Naïve Patients with Type 2 Diabetes. Principal investigator. (sponsor: Novartis Pharmaceuticals, Inc.)

2004-2005: Apidra (insulin glulisine) Administered in a Fixed Bolus Regime vs. Variable Bolus Regime Based on Carbohydrate Counting in Adult Subjects with Type 2 Diabetes Receiving Lantus (insulin glargine) as Basal Insulin: A Multicenter, Randomized, Parallel, Open-Label Clinical Study. Principal investigator. (sponsor: Sanofi-Aventis Pharmaceuticals)

2004-2007: A Three Year Safety and Tolerability Open-Label Follow-On Trial Evaluating Technosphere/Insulin in Subjects with Type 2 Diabetes Mellitus. Principal investigator. (sponsor: Mannkind Corporation).

2005: A Multicenter, Open-Label, Parallel 2:1, Randomized, Treat to Target Trial Comparing Efficiency and Safety of Insulin Detemir Versus Insulin Glargine Using a Basal/Bolus Regime with Insulin Aspart as Mealtime Insulin in Subjects with Type 2 Diabetes. Principal investigator. (sponsor: NovoNordisk).

2005: A Multicenter, Randomized, Double-Blind, Parallel-Design Study to Evaluate the Lipid-Altering Efficacy of 2 Formulations of MK-0524A. Principal investigator. (sponsor: Merck & Co., Inc.)

2005: A Multicenter, Randomized, Double-Blind, Placebo-Controlled, 1-Year Extension of the Phase IIa Clinical Efficacy Study (026-01) to Assess the Tolerability of a Combination Tablet. Principal investigator. (sponsor: Merck & Co., Inc.)

2005: A Multicenter, Randomized, Double-Blind, Parallel Group, 6-Week Study to Evaluate the Efficacy and Safety of Ezetimibe/Simvastatin Combination Tablet Versus Atorvastatin in Patients with Type 2 Diabetes Mellitus and Hypercholesterolemia. Principal investigator. (sponsor: Merck & Co., Inc.)

2006-2008: Effect of glycemic control of liraglutide versus glimepiride in Type 2 Diabetes. NN2211-1573. (sponsor: Novo Nordisk)

2006-2008: Pulmonary outcomes within a 2 year period in subjects with diabetes mellitus treated with study drug or usual anti-diabetic treatment and in

Daniel Weiss MD

subjects without abnormalities in glucose control. MKC-TI-030. (sponsor: Mannkind)

2006-2007: A 24-week multi-center, randomized, open-label study of study drug versus insulin in patients with Type 2 Diabetes mellitus. ACA401. (sponsor: Amylin).

2006-2008: A Multicenter, Randomized, Double-Blind Active-Controlled, Phase 3 Trial to Evaluate the Efficacy and Safety of Saxagliptin in Combination With Metformin IR as Initial Therapy Compared to Saxagliptin Monotherapy and to Metformin IR Monotherapy in Subjects With Type 2 Diabetes Who Have Inadequate Glycemic Control. (sponsor: Bristol-Myers Squibb)

2006-2008: The Collaborative Study Group Trial: The Effect of Sulodexide in Overt Type 2 Diabetic Nephropathy. KRX 101-401. (sponsor: Keryx).

2006-2008: The Collaborative Study Group Trial: The Effect of Sulodexide in Patients With Type 2 Diabetes and Microalbuminuria. KRX 101-301. (sponsor: Keryx).

2007-2008: A randomized, single and double-blind, three arm, parallel group, placebo controlled trial in patients with Type 2 Diabetes uncontrolled despite high doses of insulin plus insulin sensitizers. (sponsor: Bristol-Myers Squibb)

2008-2010: A multicenter study to evaluate the safety, tolerability and efficacy of E2007 in patients with painful diabetic neuropathy. E2007-G000-227. (sponsor: Eisai)

2008-2009: A Multicenter, Randomized Double-Blind, Placebo Controlled Study Comparing the Safety and Efficacy of multiple doses of study drug versus placebo in obese subjects with Type 2 Diabetes Mellitus. NB-304. (sponsor: Orexigen)

2007-2009: A Randomized Double-Blind, Placebo Controlled 24 week study to evaluate the efficacy and safety of study drug versus pioglitazone in subjects with Type 2 Diabetes. INT131-007(sponsor: Intekrin Therapeutics)

Daniel Weiss MD

2007-2009: A Randomized Double-Blind, Active-Controlled parallel group efficacy and safety study of study drug compared to glimepiride over two years in Type 2 diabetic patients with insufficient glycemic control despite metformin therapy. BI 1218.20 (sponsor: Boehringer Ingelheim).

2008-2009: A Randomized Double-Blind, Placebo Controlled parallel group efficacy and safety study of BI1356 over 24 weeks in Type 2 diabetic patients with insufficient glycemic control despite metformin therapy. BI 1218.17. (sponsor: Boehringer Ingelheim).

2009: A multicenter, randomized, placebo controlled "factorial" design 12 month study to evaluate the efficacy and safety of AVE5530 co-administered with all registered strengths of atorvastatin in patients with primary hypercholesterolemia. EFC 6911. (sponsor: Sanofi-Aventis).

2008-2011: A multicenter, randomized, placebo controlled trial of study drug in patients with Type 2 diabetes uncontrolled on pioglitazone with or without metformin. EFC 6017 GET GOAL P. (sponsor: Sanofi-Aventis)

2008-2009: Effect of glycemic control of study drug or exenatide added to metformin, sulphonylurea, or a combination of both in subjects with Type 2 diabetes. NN2211-1797. (sponsor: Novo Nordisk).

2008-2009: A randomized, open-label, parallel-group, comparator-controlled multicenter study to evaluate the glycemic effects, safety, and tolerability of weekly study drug in subjects with Type 2 diabetes mellitus. BCB 108. (sponsor: Amylin)

2008-2009: The effect of study drug compared to sitagliptin, both in combination with metformin in subjects with Type 2 diabetes. A 26 week, randomized open label active comparator three armed parallel group multicenter multinational trial with a 52 week extension. NN2211-1860. (sponsor: Novo Nordisk).

2006-2008: Observational Study of Safety and Tolerability of Levemir™ FlexPen™ (Insulin Detemir) in the Treatment of Type 1 and Type 2 Diabetes Mellitus

Daniel Weiss MD

2008-2009: Effect of Two Different Fasting Blood Glucose Targets on Glucose Control in Patients With Type 2 Diabetes Using Insulin Detemir Once Daily (TITRATE™). (sponsor: Novo Nordisk)

2008-2010: A randomized, double-blind, placebo-controlled, multi-center, Phase 2b study to evaluate the safety and efficacy of study drug in patients with nephropathy due to Type 2 Diabetes. Pyr-210. (sponsor: NephroGenex).

2009: Efficacy, Safety and Preference Study of a Comparator Insulin Pen PDS290 vs. a Novo Nordisk Marketed Insulin Pen in Diabetics. (sponsor: Novo Nordisk)

2009: A Phase 2, Randomized, double blind, placebo and active controlled multi-center study to determine the safety and efficacy of TAK-379 in subjects with Type 2 Diabetes. TAK-379-201. (sponsor: Takeda)

2009-2010: A Phase 3 multi-center, open label, randomized, clinical trial evaluating efficacy and safety of study drug in combination with Lantus versus Humalog in combination with Lantus in subjects with Type 1 Diabetes mellitus over a 16 week treatment period. MKC-TI-117. (sponsor: Mannkind)

2009-2010. A 12 week, double blind, placebo controlled trial of LY2428757 in patients with Type 2 Diabetes mellitus. 1-MC-GECD(a). (sponsor: Eli Lilly).

2009-2011: A randomized, double blind placebo controlled study to assess safety and efficacy of ISIS 301012 as add-on therapy in high risk hypercholesterolemic patients. ISIS 301012-CS12. (sponsor: Genzyme; Isis)

2009-2010: A Phase 3 randomized, double blind placebo controlled, parallel group, safety and efficacy study of BI 1356 compared to placebo as add-on to pre-existing antidiabetic therapy over 52 weeks in Type 2 diabetic patients with severe chronic renal impairment. BI 1218.43 (sponsor: Boehringer Ingelheim)

2008-2012: TRX4 Therapeutic Evaluation of Different Multi-Dose Regimens in Type 1 Diabetes Mellitus (TTEDD). (sponsor: Tolerx).

2008-2012: DEFEND-1: Durable response therapy evaluation for early or new onset Type 1 Diabetes. TRX4\_DM\_006\_NA-08. (sponsor: Tolerx)

Daniel Weiss MD

2009- 2011: A multicenter, randomized, double-blind, placebo controlled study to evaluate the safety and tolerability of oral study drug in subjects with euvolemic hyponatremia. CK-LX3430 with open label extension. (sponsor: Cardiokine)

2010-2012: A randomized, placebo controlled, 2 arm parallel group, multicenter study with a 24 week double blind treatment period assessing the efficacy and safety of study drug in patients with Type 2 Diabetes insufficiently controlled with insulin glargine and metformin. EFC 10781. (sponsor: Sanofi-Aventis)

2010: A trial comparing efficacy and safety of NN1250 and insulin glargine in subjects with Type 2 Diabetes. NN1250-3724. (sponsor: Novo Nordisk).

2010-2017: A randomized, placebo controlled clinical trial to evaluate cardiovascular outcomes after treatment with once weekly study drug in patients Type 2 Diabetes mellitus. (sponsor: Amylin, then AstraZeneca).

2010-2012: DEFEND-2: Durable response therapy evaluation for early or new onset Type 1 Diabetes. (sponsor: Tolervx).

2010-2017: A Randomized, Multicenter, Double-Blind, Parallel, Placebo-Controlled Study of the Effects of JNJ-28431754 on Cardiovascular Outcomes in Adult Subjects With Type 2 Diabetes Mellitus. (sponsor: Johnson and Johnson).

2010-2011: A Phase 3, Multi-Center, Placebo-Controlled, Randomized, Double-Blind, 12-Week Study to Evaluate the Effect of Two Doses of AMR101 on Fasting Serum Triglyceride Levels in Patients With Persistent High Triglyceride Levels ( $\geq 200$  mg/dL and  $< 500$  mg/dL) Despite Statin Therapy: The AMR101 ANCHOR Study. (sponsor: Amarin)

2010-2017: A Multicenter, Randomized, Active-Control, Phase 3B Study to Evaluate the Cardiovascular Safety and Efficacy of study drug and Allopurinol in Subjects With Cardiovascular Comorbidities, Hyperuricemia, and Gout. (sponsor: Takeda)

2010- 2011: An open label randomized multicenter study to assess patient preference for and evaluate clinical benefit of insulin glargine (Lantus®) SoloSTAR® pen versus conventional vial/syringe method of insulin glargine (Lantus®) injection therapy in patients with type 2 diabetes mellitus. Study 05191.

Daniel Weiss MD

(sponsor: Sanofi-Aventis).

2011- 2013: A Phase 3, multinational, randomized, double-blind, placebo-controlled, parallel-group study to investigate the clinical efficacy and safety of DiaPep277® in newly diagnosed Type 1 diabetes subjects. (sponsor: Andromeda Biotech).

2011-2012: Bardoxolone methyl evaluation in patients with chronic kidney disease and Type 2 diabetes: the occurrence of renal events (BEACON). (sponsor: Reata Pharmaceuticals).

2011-2012: Natural History Study of the Development of Type 1 Diabetes. NIH Trial-Net.

2011-2012: A Phase 3b, multi-Center, double-blind, placebo-controlled, parallel group, study to evaluate the effect of Dalcetrapib 600 mg on cardiovascular events in adult patients with stable coronary heart disease, CHD risk equivalents or at elevated risk for cardiovascular disease . (sponsor: Roche).

2012-2013: The impact of LY2605541 versus Insulin Glargine for patients with Type 1 Diabetes mellitus treated with preprandial insulin Lispro: a double blind, randomized 52 week study. The Imagine 3 study. (sponsor Lilly).

2012-2013: The impact of LY2605541 versus Insulin Glargine for patients with Type 2 Diabetes mellitus advanced to multiple injection bolus insulin with insulin Lispro: a double blind, randomized 26 week study. The Imagine 4 study. (sponsor: Lilly).

2012-2013: 6-Month, Multicenter, Randomized, Open-label, Parallel group, Study Comparing the Efficacy and Safety of a New Formulation of Insulin Glargine and Lantus both plus Mealtime Insulin in Patients with Type 2 Diabetes Mellitus with a 6-Month Safety Extension Period. EFC 11628 (sponsor: Sanofi-Aventis).

2012-2015: A multicenter, randomized, double-blind, placebo-controlled study assessing the occurrence of major adverse cardiovascular events in overweight and obese subjects with cardiovascular risk factor receiving naltrexone SR/bupropion SR. (sponsor: Orexigen Therapeutics)



Daniel Weiss MD

2012-2015: Effects on glycemic control and weight of a modified commercial weight control program for people with Type 2 Diabetes. (sponsor: Weight Watchers International, Inc.)

2012-2013: A 6-Month, Multicenter, Randomized, Open-label, Parallel-group Study Comparing the Efficacy and Safety of a New Formulation of Insulin Glargine and Lantus Injected in the Morning or Evening in Patients with Type 1 Diabetes Mellitus with a 6-month Safety Extension Period (sponsor: Sanofi Aventis)

2012-2013: Long-term safety and tolerability of REGN727/SAR236553 in high cardiovascular risk patients with hypercholesterolemia not adequately controlled with their lipid modifying therapy: a randomized, double-blind, placebo-controlled study. (sponsor: Sanofi-Aventis)

2013-2014: A comparison of LY2605541 once daily at a fixed time with LY2605541 variable time of dosing in patients with type 1 diabetes mellitus: An open label, randomized, crossover study. (sponsor: Lilly)

2013-2015: Efficacy and safety of FIAsp compared to insulin aspart both in combination with insulin detemir in adults with Type 1 Diabetes. onset 1. (sponsor: Novo Nordisk)

2013-2016: A trial comparing cardiovascular safety of insulin degludec versus insulin glargine in subjects with Type 2 Diabetes at high risk of cardiovascular events. Devote. (sponsor: Novo Nordisk).

2014-2015: The efficacy and safety of liraglutide as adjunct therapy to insulin in the treatment of Type 1 Diabetes. Adjunct One. (sponsor: Novo Nordisk)

2014-2015 : A randomized Phase 2, double-blind, placebo-controlled, treat-to-target, parallel group, 3-arm, multicenter study to assess the efficacy and safety of canagliflozin as add-on therapy to insulin in the treatment of subjects with Type 1 Diabetes mellitus. (sponsor: Janssen)

2015-2016: A phase 2 double-blind, placebo-controlled, dose-ranging study evaluating the efficacy, safety and tolerability of GS-4997 in subjects with diabetic kidney disease. (sponsor: Gilead Sciences)



Daniel Weiss MD

2015-2017: An open label, randomized, multi-center, parallel-group clinical trial comparing efficacy and safety of Mylan's insulin glargine with Lantus in Type 1 Diabetes mellitus patients. (sponsor: Mylan)

2016-2018: A randomized, active-controlled, parallel group, 16 week open label study comparing the efficacy and safety of the morning injection of Toujeo (insulin glargine U300) versus Lantus in patients with Type 1 Diabetes mellitus. (sponsor: Sanofi)

2016-2018: A 26 week randomized, open-label, active controlled, parallel group, study assessing the efficacy and safety of the insulin glargine/lixisenatide fixed ratio combination in adults with Type 2 Diabetes inadequately controlled on GLP-1 receptor agonist and metformin  $\pm$  pioglitazone, followed by a fixed ratio combination single-arm 26 week extension period. (sponsor: Sanofi)

2016-2020: Simponi to arrest Beta cell loss in Type 1 Diabetes. (sponsor: Janssen).

2016-2019: Efficacy and safety of oral semaglutide using a flexible dose adjustment based on clinical evaluation versus sitagliptin in subjects with Type 2 Diabetes mellitus. (sponsor: Novo Nordisk)

2017-2018: Efficacy and safety of fast-acting insulin aspart compared to NovoRapid® both in combination with insulin degludec with or without metformin in adults with Type 2 Diabetes (onset® 9). (sponsor: Novo Nordisk)

2017-2019: I8B-MC-ITRM: A prospective, randomized, double-blind comparison of LY900014 to Insulin Lispro with an open-label postprandial LY900014 arm, in combination with insulin glargine or insulin degludec, in adults with Type 1 Diabetes: PRONTO-T1D. (sponsor: Lilly)

2017-2019: EFC14868: A randomized, double-blind, placebo-controlled, parallel-group, 52-week multicenter study to evaluate the efficacy and safety of sotagliflozin in patients with Type 2 Diabetes who have inadequate glycemic control on basal insulin alone or in addition to oral anti-diabetes drugs (OADs). (sponsor: Sanofi)

Daniel Weiss MD

2018-2020: EFC14875: A randomized, double-blind, placebo controlled, parallel group, multicenter study to demonstrate the effects of sotagloflozin on cardiovascular and renal events in patients with Type 2 Diabetes, cardiovascular risk factors and moderately impaired renal function. The SCORED Trial. (sponsor: Sanofi)

2019: Long term effects of semaglutide on diabetic retinopathy in subjects with Type 2 Diabetes NN9535-4532 (FOCUS). (sponsor: Novo Nordisk)

2019-2021: Cardiovascular outcomes with oral semaglutide in subjects with Type 2 Diabetes NN9924-4473 (SOUL). (sponsor: Novo Nordisk)

XVIII. Speakers Bureaus and Advisory Boards: current  
Lilly

May 10, 2023

## CURRICULUM VITA

Daniel Weiss MD CDCES

### I. OFFICE ADDRESS

St. George Endocrine and Diabetes Clinic  
1424 East Foremaster Drive, Suite 140  
St. George, UT 84790  
Telephone: 435-251-2888  
FAX: 435-251-2878

### II. PERSONAL DATA

|              |          |
|--------------|----------|
| Birthplace   | New York |
| Citizenship: | U.S.A.   |

### III. EDUCATION

|              |                            |  |
|--------------|----------------------------|--|
| <u>Year:</u> | <u>Degree:</u>             | <u>Institution:</u>  |
| 1975         | B.A.<br>(major: chemistry) | Columbia University<br>New York, New York                            |
| 1979         | M.D.                       | University of Texas,<br>Southwestern Medical Center<br>Dallas, Texas |

### IV. POST GRADUATE EDUCATION

|                     |                              |  |
|---------------------|------------------------------|--|
| <u>Year:</u>        | <u>Position:</u>             | <u>Institution:</u>                          |
| July 1979-June 1980 | Intern, Internal<br>Medicine | Upstate Medical Center<br>Syracuse, New York |

Daniel Weiss MD

|                     |                             |   |
|---------------------|-----------------------------|---|
| July 1980-July 1982 | Resident, Internal Medicine | University of Iowa Hospitals<br>Iowa City, Iowa   |
| July 1982-July 1984 | Fellow-Associate            | Division of Endocrinology-<br>Metabolism<br>University of Iowa Hospitals<br>Iowa City, Iowa |

V. APPOINTMENTS: ACADEMIC AND CLINICAL

| <u>Year:</u>                 | <u>Position:</u>   | <u>Institution:</u>   |
|------------------------------|--|---|
| July 1984-June 1986          | Associate in Internal Medicine   | Division of Endocrinology-<br>Metabolism<br>University of Iowa Hospitals<br>Iowa City, Iowa |
| July 1986-June 1993          | Clinical Instructor<br>University, School of Medicine, Cleveland, Ohio   | Case Western Reserve  |
| June 1987-April 2003         | UniversityMednet,  | Endocrinologist<br><br>Cleveland, OH  |
| July 1993- June 2010         | Clinical Assistant Prof.<br><br>(resigned after lengthy training was demanded for new in-hospital computer software) | Case Western Reserve<br>University, School of<br>Medicine, Cleveland, Ohio                  |
| July 1989-April 2003         | Chief of Endocrinology   | UniversityMednet,<br>Diabetes Self-Management<br>Center, Cleveland, OH                      |
| January 2005<br>to June 2007 | Medical Director   | Joslin Diabetes Center<br>Affiliate at St Vincent Charity<br>Hospital, Cleveland, Ohio      |

Daniel Weiss MD

|                             |  |
|-----------------------------|--|
| April 2003 to December 2019 | Director/Your Diabetes Endocrine<br>Nutrition Group, Inc   |
| April 2003-April 2021       | Research Director/Your Diabetes<br>Endocrine Nutrition Group, Inc.   |
| January 2020 to 2022        | Endocrinologist: Lake Health<br>Physician Group  |
| January 2023 to present     | Endocrinologist:<br>St. George Endocrine and Diabetes<br>St. George, UT  |
| 2014-to 2022                | Adjunct Clinical Faculty, Kent State University<br>College of Nursing  |
| 2015 to 2022                | Adjunct Clinical Assistant Professor,<br>Dept of Specialty Medicine<br>Ohio University Heritage College of Osteopathic<br>Medicine |

#### VI. CERTIFICATION AND LICENSURE

##### *A. Certification (all active and current)*

Board:

Date:

Number:

Daniel Weiss MD

|   |                 |           |
|---|-----------------|-----------|
| National Board of Medical Examiners                 | 7-1980          | 218840    |
| American Board of Internal Medicine                 | 9-1982          | 087265    |
| ABIM-Endocrinology/Metabolism                       | 11-1985         | 087265    |
| American Board of Physician Nutrition Specialists   | 12/2002-11/2012 |           |
| National Certification Board for Diabetes Educators | 11/1987         | 0872-3550 |
| National Certification Board for Diabetes Educators | 5/1992          | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/1997         | 0872-3550 |
| National Certification Board for Diabetes Educators | 05/2002         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2007         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2012         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2017         | 0872-3550 |
| National Certification Board for Diabetes Educators | 10/2022         | 0872-3550 |

Diplomate, American Board of Obesity Medicine 1-2012 to present

Other:

Continuing Research Education Credit Program with Case Western Reserve University: certification through September 30, 2014.

American Heart Association: Basic Life Support for Healthcare Providers

October 2008, December 2019

American Heart Association Advanced Cardiac Life Support

November 2008

Certified Principal Investigator: Association of Clinical Research Professionals and the Academy of Pharmaceutical Physicians and Investigators

First granted in April 2009

Renewed in 2011

Renewed in 2013

Renewed in 2015

Renewed in 2019 set to expire 2023

Daniel Weiss MD

Fellow of the Academy of Physicians in Clinical Research:  
2/2016 -05/2021

*B. Licensure*

| <u>State:</u> | <u>Date:</u> | <u>Status:</u> | <u>Number:</u> |
|---------------|--------------|----------------|----------------|
| Iowa          | 8-1980       | inactive       | 22196          |
| Illinois      | 7-1981       | inactive       | 036-062386     |
| Ohio          | 4-1986       | active         | 35-053498      |
| Utah          | 05-2022      | active         | 12874686-1205  |

VII. MAJOR COURSES AND MEETINGS ; CONTINUING MEDICAL EDUCATION

1. "Review of Endocrinology" National Institutes of Health, Foundation for Advanced Education in the Sciences, Washington, D.C. October 10-14, 1985. 40 hours of Category 1 credit.

2. Medical Knowledge Self Assessment Program VII, completed fall 1986 with full AMA Category 1 credit.

3. Annual Endocrine Society and American Diabetes Association Meetings: June 1988, New Orleans, LA. 35 hours of AMA Category 1 credit.

4. American College of Physicians Medical Knowledge Self-Assessment Program VIII, completed fall 1989. 153 hours of Category 1 credit.

5. A Current Review of Pediatric Endocrinology-1989. Sponsored by the Lawson Wilkins Pediatric Endocrine Society and Serono Symposia, USA. April 1989, Washington, D.C.. 25 hours of Category 1 credit.

6. Annual Endocrine Society Meeting: June 1989, Seattle, WA. 30 hours of AMA Category 1 credit.

Daniel Weiss MD

7. Clinical Management of Lipid Disorders, April 1991, at the Washington University School of Medicine, St Louis, Mo. 23 hours of Category 1 credit.

8. 14th International Diabetes Federation Congress Scientific Sessions: June 1991, Washington, D.C. 24 hours of Category 1 credit.

9. Clinical Management of Lipid Disorders Follow-up Course, September 12, 1992 at the Washington University School of Medicine, St Louis, Mo. 5.75 hours of Category 1 credit.

10. 44th Postgraduate Assembly of The Endocrine Society, October 10-14, 1992 in Boston, MA. 27.3 hours of Category 1 credit.

11. 74th Annual Session of the American College of Physicians, April 1-4, 1993 in Washington, D.C. 24 hours of Category 1 credit.

12. Third International Symposium on Osteoporosis., March 2-5, 1994 in Washington, D.C.. 22 hours of Category 1 credit.

13. Psychiatric Update. Cleveland Clinic Foundation. April 9, 1994, in Cleveland, OH. 6.5 Category 1 credits.

14. New Developments in Obsessive Compulsive Disorders. University of Texas at San Antonio Teleconference. May 3, 1995. 1 Category 1 credit

15. 55th Annual Meeting of the American Diabetes Association, June 10-13, 1995 in Atlanta, GA. 23. 5 hours of AMA Category 1 credit.

16. American College of Physicians Medical Knowledge Self-Assessment Program X. 58 Category 1 credits. 1995.

17. Recent Advances in Paget's Disease of Bone and Related Bone Diseases, March 9, 1996 in Bethesda, Maryland. 8 Category 1 credits.

18. Tenth International Congress of Endocrinology and ancillary symposia, June 12-15, 1996 in San Francisco, California. 40.5 AMA Category 1 credits.

19. 57th Annual Meeting of the American Diabetes Association, June 21-24, 1997 in Boston, MA. 27 hours of AMA Category 1 credit.



Daniel Weiss MD

20. Sixth International Symposium on the Maillard Reaction. July 27-30, 1997 in London, England. 15 Category 1 credits.

21. Treatment advances in post-partum (psychiatric) disorders. November 7, 1997. Cleveland, Ohio. 5.5 Category 1 credits.

22. Conquering Diabetic Complications. Cleveland, Ohio. 4 Category 1 credits. 1998

23. American Society of Bone and Mineral Research. Annual Meeting. San Francisco, CA. December 1-5, 1998. 24.5 AMA Category 1 credits

24. 59th Annual Meeting of the American Diabetes Association, June 19-22, 1999 in San Diego, California. 33.5 hours of AMA Category 1 credits.

25. 82<sup>nd</sup> Annual Meeting of the Endocrine Society, June 21-24, 2000 in Toronto, Canada. 37 hours of AMA Category 1 credits.

26. 61<sup>st</sup> Annual Scientific Sessions of the American Diabetes Association, June 22-26, 2001 in Philadelphia, Pennsylvania. 32 hours of AMA Category 1 credits.

27. 84<sup>th</sup> Annual Meeting of the Endocrine Society, June 19-22, 2002 in San Francisco, California. 26 hours of AMA Category 1 credits.

28. ACCORD Training Session presented by the National Heart Lung and Blood Institute. Charleston, South Carolina. January 14-17, 2003. 15 Category 1 credits.

29. American Society of Nephrology. November 14-17, 2003. San Diego, California. 30 hours of AMA Category 1 credits.

30. 64<sup>th</sup> Scientific Sessions of the American Diabetes Association, June 4-8, 2004 in Orlando, Florida. 29 AMA Category 1 credits.

31. 65<sup>th</sup> Scientific Sessions of the American Diabetes Association, June 10-14, 2005 in San Diego, California. 29 hours of AMA Category 1 credits.

Daniel Weiss MD

32. North American Association for the Study of Obesity. The Obesity Society. 2005 Annual Scientific Meeting. Vancouver, BC Canada. October 15-19, 2005. 25 hours of AMA Category 1 credits.

33. Spotlight on patient safety: preventing medical errors. Medical Risk Management, Inc. web course. February 19, 2006. 6 AMA Category 1 credits.

34. Disclosure of medical errors. Medical Risk Management, Inc. web course. March 4, 2006. 4 hours of AMA Category 1 credits.

35. North American Association for the Study of Obesity, The Obesity Society, 2006 Annual Scientific Meeting. Boston, MA. October 20-24, 2006. 22 hours of AMA PRA Category 1 credits.

36. 67<sup>th</sup> Scientific Sessions of the American Diabetes Association in Chicago, IL. June 22-26, 2007. 29 hours of AMA Category 1 credits including satellite symposia.

37. National Kidney Foundation 2008 Spring Clinical Meetings in Dallas, TX. April 2-6, 2008. 15.3 hours of AMA Category 1 credits.

38. 90<sup>th</sup> Annual Meeting of The Endocrine Society in San Francisco, CA. June 14-17, 2008. 30.5 hours of AMA Category 1 credits.

39. The Obesity Society 2008 Annual Scientific Meeting and satellite symposia, Phoenix, AZ. October 3-7, 2008. 24.25 hours of AMA Category 1 Credits.

40. 69<sup>th</sup> Annual Scientific Sessions of the American Diabetes Association in New Orleans, LA. June 5-9, 2009. 29.25 hours of AMA Category 1 credits (including 2 satellite symposia).

41. Diabetes Symposium for Primary Care Providers. Lake Health. April 28, 2010. 4 Category 1 credits.

42. 71<sup>st</sup> Scientific Sessions of the American Diabetes Association in San Diego, CA. June 24-28, 2011. 28 hours of AMA Category 1 credits including satellite symposia.

43. Risk Management Consult: failure to diagnose cancer. Medical Risk Management online course. April 10, 2012. 7 hours of AMA Category 1 credits.

Daniel Weiss MD

43. 72<sup>nd</sup> Scientific Sessions of the American Diabetes Association in Philadelphia, PA. June 8-12, 2012. 21.5 hours of AMA Category 1 credits.

44. 30<sup>th</sup> Annual Scientific Meeting of the of The Obesity Society in San Antonio, TX. September 20-24, 2012. 25 hours of AMA Category 1 Credits including satellite symposia.

45. National Kidney Foundation 2013 Spring Clinical Meetings in Orlando, FL. April 3-6, 2013. 13 hours of AMA Category 1 credits.

46. Ohio River Regional AACE Annual Meeting in Beachwood, OH, August 2-3, 2013. 9.5 hours of AMA Category 1 credits.

47. Obesity Week: ASMBS 30<sup>th</sup> Annual Meeting and the Obesity Society 31<sup>st</sup> Annual Scientific Meeting and satellite symposia in Atlanta, GA. November 13-16, 2013. 19.25 hours of AMA Category 1 credits.

48. 74<sup>th</sup> Scientific Sessions of the American Diabetes Association in San Francisco, CA. June 13-17, 2014. 28.25 hours of AMA Category 1 credits.

49. International Lyme and Associated Disease Society Annual Scientific Conference, Washington, D.C. October 10-12, 2014. 18.75 Category 1 credits.

50. Obesity Week, 32<sup>nd</sup> Annual Scientific Meeting of the Obesity Society. Boston, MA. November 3-6, 2014. 10.5 Category 1 credits.

51. Applying functional medicine in clinical practice. March 23-27, 2015. Tucson, AZ. 31.75 Category 1 credits.

52. Risk management consult: repairing difficult patient relationships. Medical Risk Management, Inc. online course. April 8, 2015. 6 Category 1 credits.

53. Drexel University ILADS Conference: tick borne and other chronic infections, research and practice. April 10-11, 2015. Philadelphia, PA. 12.75 Category 1 credits.

54. Institute for Functional Medicine 2015 Annual International Conference: The "Omics" Revolution, Nature and Nurture. May 28-30, 2015. Austin, Tx. 12.75 Category 1 credits.

Daniel Weiss MD

55. 75<sup>th</sup> Scientific Sessions of the American Diabetes Association. Boston, MA. June 5-9, 2015. 25.75 Category 1 credits.

56. 72<sup>nd</sup> Annual Meeting of the American Association of Physicians and Surgeons. St. Louis, MO. October 1-3, 2015. 14.5 Category 1 credits.

57. 76<sup>th</sup> Scientific Sessions of the American Diabetes Association. New Orleans, LA., June 5-10-14, 2016. 27.25 Category 1 credits.

58. 2016 International Lyme and Associated Disease Society Annual Scientific Conference. November 4-6, 2016. Philadelphia, PA. 17.5 Category 1 credits.

59. 77<sup>th</sup> Scientific sessions of the American Diabetes Association. San Diego, CA. June 9-13, 2017. 23.5 Category 1 credits.

60. 78<sup>th</sup> Scientific sessions of the American Diabetes Association. Orlando, FL. June 22-26, 2018. 26 Category 1 credits.

61. CITI program Good Clinical Practice for clinical trials with investigational drugs and medical devices US FDA focus. 6 Category 1 credits. November 1, 2018.

62. Ohio State Coroners Association Death Certificate Training. 2 Category 1 credits (AMA). December 5, 2020.

63. Long term complications of bariatric surgery. 10 Category 1 credits (AMA). January 12, 2021.

64. Annals of Internal Medicine review. 3 Category 1 credits. May 2021.

Daniel Weiss MD

VIII. SPECIAL HONORS AND AWARDS

| <u>Date:</u> | <u>Award:</u>  |
|--------------|--|
| 5-84         | Teacher of the Year by Senior Medical Students:<br>University of Iowa College of Medicine          |
| 1-87         | Top Doctors of Cleveland (Endocrinologists):<br>Cleveland Magazine                                 |
| 3-87         | Physician's Recognition Award for<br>Continuing Medical Education: American Medical<br>Association |
| 1-90         | Physician's Recognition Award for Continuing<br>Medical Education: American Medical Association    |
| 11-92        | Fellowship status in the American College of<br>Physicians   |
| 7-10         | American Diabetes Association Circle of Hospitals<br>Award   |
| 2012         | Cleveland <i>Super Doctors</i>   |

IX. Special Roles

|                 |   |
|-----------------|---|
| 04-93           | Participant in American Board of Internal Medicine<br>re-certification program  |
| 08-94;<br>11-96 | Relevance reviewer for certification and<br>re-certification exam in Endocrinology, Diabetes and<br>Metabolism: American Board of Internal Medicine |
| 06-99 to 04-03  | Physician representative: Quality Management<br>Committee, Cigna Health Care of Ohio  |

Daniel Weiss MD

|                                      |  |
|--------------------------------------|--|
| 8-02 to <b>present</b>               | Manuscript reviewer for Cleveland Clinic Journal of Medicine   |
| 2003, 2005                           | Manuscript reviewer for Endocrine Practice   |
| 2006 to 2014                         | Diabetes Care Committee, LakeHealth<br>Principal author: inpatient subcutaneous insulin order set, diabetic ketoacidosis order set |
| 8-2007 to 2/2010;<br>10/2011 to 2021 | Member, Pharmacy and Therapeutics sub-committee, Buckeye Community Health Plan   |
| 2/2010 to 7/2010                     | Member Medical Management sub-committee, Buckeye Community Health Plan. Resigned   |
| 2009, 2010                           | Manuscript reviewer for Endocrine (Humana Press)   |
| 2009 to 2018                         | Member, Nutrition Committee of the American Association of Clinical Endocrinologists   |
| 2009 to <b>present</b>               | Manuscript reviewer for American Journal of Physiology, Heart and Circulatory Physiology   |
| 2009                                 | Item writer for Obesity Medicine Physician Certification Examination   |
| 2010, 2011                           | Certified Obesity Medicine Physician Examination: workshop contributor and attendee  |
| 2011 to 2020                         | Peer reviewer in endocrinology for Kepro, Keystone Peer Review Organization  |
| 2011 to 2014                         | Board of Directors, American Board of Obesity Medicine   |
| 2013 to 2017                         | Member, Program Committee, Diabetes Partnership of Cleveland   |

Daniel Weiss MD

|                      |  |
|----------------------|--|
| 2011 to 2020         | Member, Item writing committee, American Board of Obesity Medicine examination |
| 2015- <b>present</b> | Manuscript reviewer, Annals of Internal Medicine                               |

X. HOSPITAL STAFF PRIVILEGES

Hospital:

Department:

*Former because of relocation or resignation:*

University of Iowa Hospitals and Clinics  
Iowa City, Iowa

Internal Medicine

University Hospitals of Cleveland  
Cleveland, Ohio

Internal Medicine/  
Endocrinology  
Part-time

Hillcrest Hospital  
Cleveland Clinic Health System

Internal Medicine/

Daniel Weiss MD

Mayfield Heights, Ohio

Endocrinology  
Consulting

Lake Health (now part of University Hospitals)  
Willoughby, Ohio

Internal Medicine/  
Endocrinology  
Consulting

*Present:*

St. George Regional Hospital,  
Intermountain Health Care,  
St. George, UT

Endocrinology

XI. CURRENT PROFESSIONAL AFFILIATIONS

|               |   |
|---------------|---|
| 1985-present  | Doctors for Disaster Preparedness   |
| 1985-present  | American Diabetes Association, Professional Section                           |
| 1986-2017     | Diabetes Association of Greater Cleveland (Diabetes Partnership of Cleveland) |
| 1987-present  | Association of American Physicians and Surgeons                               |
| 1987-2020     | International Diabetes Federation   |
| 1987-2023     | American Association of Diabetes Educators                                    |
| 1989-2022     | American Society for Bone and Mineral Research                                |
| 1990-2022     | The Endocrine Society   |
| 1992 -present | American Association of Clinical Endocrinologists                             |



Daniel Weiss MD

|              |  |
|--------------|--|
| 1992-2014    | American College of Physicians, Fellow                                       |
| 1994-present | American Heart Association, Premium Professional<br>Gold Heart Member        |
| 2003-2020    | Ohio State Medical Association   |
| 2003-2015    | American Society of Hypertension   |
| 2003-2010    | American Medical Association   |
| 2004-2021    | North American Association for the Study of Obesity<br>(The Obesity Society) |
| 2005-2021    | Academy of Physicians in Clinical Research                                   |
| 2008-2010    | American Chemical Society  |
| 2010-2013    | Docs 4 Patient Care  |
| 2010-present | American Society of Nutrition  |
| 2012-present | American Association for the Advancement of<br>Science                       |
| 2012-2015    | Academy of Nutrition and Dietetics   |
| 2014-2015    | American Colleges of Sports Medicine   |
| 2016-present | Bone Health and Osteoporosis Foundation                                      |
| 2017-2020    | International Society of Clinical Densitometry                               |
| 2018 –2022   | National Lipid Association member  |

Daniel Weiss MD

## XII. BIBLIOGRAPHY

### *A. Published or in Press or in Preparation*

1. Weiss, D.: Human Insulin, Drug Therapy Review. Iowa Medicine, Journal of the Iowa Medical Society 1984; 74:116-118
2. Weiss, D., Bar, R.S. Weidner, N., Wener, M., Lee, F.: Oncogenic Osteomalacia: Strange Tumors in Strange Places. Postgraduate Medical Journal 1985; 61: 349-355
3. Weidner, N., Bar, R.S., Weiss, D., Strottmann, M.P.: Neoplastic Pathology of Oncogenic Osteomalacia/Rickets. Cancer 1985; 55: 1691-1705
4. Weiss, D., Bar, R.S., Weidner, N.: Oncogenic Osteomalacia. Annals of Internal Medicine 1985; 102: 557
5. Weiss D. Hyperglycemia During Physical Stress. Amer J Med. 1996; 100: 374.
6. Hyperhomocysteinemia in Hypothyroidism. Annals of Internal Med 2000; 132: 677.

Daniel Weiss MD

7. Weiss, D.: How to Help Your Patients Lose Weight: Current Therapy for Obesity. Cleveland Clinic J Med 2000; 67: 739-54.
8. Weiss D. Acarbose for the prevention of diabetes. Cleveland Clinic J Med 2003; 70: 1088.
9. Weiss, D. Management of diabetes should be a team approach. American Family Physician 2007; 75: 979.
10. Weiss, D. co-author. Evolution of the lipid trial protocol of the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial. Am J Cardiol 2007; 99 (12A): 56i-67i.
11. Weiss, D. co-author. Effect of intensive treatment of hyperglycemia on microvascular outcomes in type 2 diabetes: an analysis of the ACCORD randomized trial. Lancet 2010; 376: 419-430.
12. Weiss, D., Mechanick J. Dietary Supplements, Nutraceuticals, and Functional Foods, chapter of the Nutrition section of the 2011 edition of the American College of Endocrinology Self Assessment Program (ASAP).
13. Weiss, D. Bariatric surgery, vitamin C, and kidney stones. Cleveland Clinic J Med 2010; 77: 844.2010.
14. *Empty sella* co-authored chapter in: 5 Minute Clinical Consult 2014.
15. Weiss, D. "reviewer", involved in writing process, for American Association of Clinical Endocrinologists' position statement on clinical nutrition and health promotion in endocrinology. Endocrine Practice 2012; 18: 633-41.
16. Weiss, D. Functional foods, dietary supplements and nutraceuticals. Chapter of the Nutrition Section of the 2014 edition of the American College of Endocrinology Self Assessment Program (ASAP)
17. Weiss, D. co-author. Paradoxical reduction in HDL-C with fenofibrate and thiazolidinedione therapy in Type 2 Diabetes: the ACCORD Lipid trial. Diabetes Care 2014; 37: 686-693.

Daniel Weiss MD

18. Weiss, D. Diabetes therapy and cancer risk. *Cleve Clinic J Med* 2014; 81: 714.
19. Weiss, D. Starting insulin therapy. *Cleve Clinic J Med* 2015 82:638.
20. Weiss, D. co-author. Randomized controlled trial of a nationally available weight control program tailored for adults with Type 2 Diabetes. *Obesity*. 2016; 24: 2269-2277.
21. Weiss D, Weiss MF. Lyme disease. *Ann Intern Med* 2016; 165: 676-677.
22. Weiss, D. co-author. Impact on psychosocial outcomes of a nationally available weight management program tailored for individuals with Type 2 Diabetes: results of a randomized controlled trial. *J Diabetes and its Complications*. <http://dx.doi.org/10.1016/j.jdiacomp.2017.01.022>
23. Weiss, D. co-author. Association of fenofibrate therapy with long-term cardiovascular risk in statin-treated patients with Type 2 diabetes. 2017 *JAMA Cardiology*; 2: 370-380.
24. Weiss, D co-author. Changes in weight control behaviors and hedonic hunger in a commercial weight management program adapted for individuals with type 2 diabetes. 2020 *International Journal of Obesity*; 44: 990-98.
25. Weiss, D co-author. Understanding inhaled Technosphere Insulin: results of an early randomized trial in Type 1 Diabetes. 2021 *J Diabetes*; 13:164-72.
26. Weiss, D. Long term complications of bariatric surgery. 2021 *JAMA* 2021; 325: 186.

Daniel Weiss MD

XII. INDEPENDENT RESEARCH PRESENTATIONS

1. Weiss MF, Weiss D. Is osteoporosis a vector-borne infection or a complication of treatment? 2016 International Lyme and associated diseases society annual scientific conference. Philadelphia, PA. November 4-6, 2016.

Daniel Weiss MD

XIII. PRESENTATIONS TO MEDICAL PROFESSIONALS

1. Anticoagulation with Heparin: Efficacy, Monitoring, and Adverse Effects. Clinical Pharmacology Seminar, U of Iowa , March 31, 1981
2. Snake Venom Poisoning in the United States  
Internal Medicine Grand Rounds, U of Iowa, August 20, 1981
3. Cryptococcal Meningitis  
Infectious Disease Grand Rounds, U of Iowa, November 1981  
Rheumatology-Immunology Grand Rounds, U of Iowa, January 1982
4. Tetanus. Internal Medicine Grand Rounds, U of Iowa, January 21, 1982
5. Primary Hyperparathyroidism  
Internal Medicine Residents' Conference, U of Iowa, April 23, 1982
6. Aldosterone and Its Deficiency States  
Endocrinology-Metabolism Conference, U of Iowa, October 15, 1982
7. Hyperprolactinemia and Erectile Dysfunction  
Endocrinology-Metabolism Conference, U of Iowa, February 18, 1983
8. The Effect of Non-Systemic Glucocorticoids on the Hypothalamic-Pituitary- Adrenal Axis Endocrinology-Metabolism Conference,  
U of Iowa, August 19, 1983
9. Familial Euthyroid Hyperthyroxinemia  
Endocrinology-Metabolism Conference, U of Iowa, October 21, 1983

Daniel Weiss MD

10. Central Diabetes Insipidus  
General Medicine Conference, U of Iowa, March 20, 1984
11. Endocrine Dysfunction in Sarcoidosis  
Endocrinology-Metabolism Conference, U of Iowa, May 11, 1984
12. Thyroid Hormone Resistance  
Endocrinology-Metabolism Conference, U of Iowa, July 12, 1985
13. Humoral Hypercalcemia of Malignancy. Does Ectopic Hyperparathyroidism Exist?  
Clinical Endocrinology Conference, U of Iowa, August 13, 1985
14. Thyroid Hormone Therapy. Adverse Cardiovascular Effects and the Problem of Myxedema Coma. General Medicine Conference, U of Iowa, December 10, 1985
15. The Thyroid: State of the Art Lecture Series  
Department of Internal Medicine, U of Iowa, December 20, 1985
16. Diabetes Mellitus Update  
Family Practice Conference, St. Luke's Davenport (Iowa) Family Practice Residence Program, January 8, 1986
17. Disorders of Calcium Metabolism  
Endocrine section second year medical student course, U of Iowa  
March 11, 1986
18. Clinical Approach to Disorders of Calcium, Phosphorus and Magnesium. Mt. Sinai Medical Center, Cleveland, Ohio  
Department of Emergency Medicine -July 25, 1986  
Department of Internal Medicine-August 11, 1986
19. Hormone Resistant States  
Mt. Sinai Medical Center, Cleveland, Ohio  
Medical Resident's Journal Club - August 25, 1986
20. Diabetes Mellitus: Clinical Update

Daniel Weiss MD

Brentwood Hospital, Warrensville Heights, Ohio  
and Staff Conference - September 8, 1986

Residents'

21. Metabolic Bone Disease with a Focus on Oncogenic Osteomalacia  
Mt. Sinai Medical Center, Cleveland, Ohio  
Orthopedic Surgery Grand Rounds - October 22, 1986

22. Diabetic Ketoacidosis  
Mt. Sinai Medical Center, Cleveland, Ohio  
Department of Emergency Medicine- December 18, 1986

23. Understanding Thyroid Function Tests  
Mt. Sinai Medical Center, Cleveland, Ohio  
Department of Internal Medicine, Endocrine lecture series  
January 9, 1987

24. Peri-partum Thyroid Disease  
Mt. Sinai Medical Center, Cleveland, Ohio  
Obstetrics and Gynecology Grand Rounds - January 17, 1987

25. The Diagnosis of Hypo- and Hyperthyroidism: Recognition of  
Confusing Presentations. Mt. Sinai Medical Center, Cleveland, Ohio  
Internal Medicine Grand Rounds -February 4, 1987

26. Diabetes Mellitus: Clinical Update  
Youngstown Osteopathic Hospital, Youngstown, Ohio.  
February 5, 1987

27. Diabetes Mellitus: Clinical Update with a Focus on Type II Diabetes  
Wadsworth-Rittman Hospital, Wadsworth, Ohio  
Internal Medicine Grand Rounds - March 25, 1987

28. The Diagnosis of Hypo- and Hyperthyroidism: Recognition of  
Confusing Presentations.  
Hillcrest Hospital Medical Rounds- September 8, 1987.

29. Drug Effects on Thyroid Hormone Homeostasis.  
Greater Cleveland Academy of Pharmacy - September 16, 1987

30. The Solitary Thyroid Nodule.



Daniel Weiss MD

Warren Clinic, Warren, Ohio - October 21, 1987

31. Thyroid Hormone Resistance

Cleveland Clinic Foundation, Cleveland, Ohio

Endocrinology Grand Rounds - April 29, 1988

32. Diagnosing Hyperthyroidism and Hypothyroidism. Recognizing Confusing Presentations.

Euclid General Hospital Grand Rounds- May 19, 1988.

33. Evaluation of the Enlarged Thyroid.

Mt. Sinai Medical Center, Cleveland, Ohio

Department of Internal Medicine, Noon lecture series- June 2, 1988.

34. Diabetes Update: Patient Education Programs; What Good Are They?

And Human Insulin: Indications and Use. Mednet Department of Internal Medicine. November, 1988.

35. Clinical Approach to Thyroid Disease.

Mt. Sinai Internal Medicine Residents Noon Conference. May 1989

36. Clinical Aspects of Thyroid Disease. Mt. Sinai Internal Medicine

Residents Noon Conference. February 16, 1990.

37. Managing Diabetes in the 1990's. Ashtabula County Medical Center

May 10, 1990.

38. Clinical Aspects of Blood Lipids. University Mednet Department of

Internal Medicine. July 10, 1990.

39. Clinical Aspects of Blood Lipids. University Mednet Department of

Internal Medicine. December 10, 1990.

40. Clinical Aspects of Blood Lipids, Part 1. University Mednet

Department of Internal Medicine and Family Practice. May 30, 1991

41. Clinical Aspects of Blood Lipids, Part 2. University Mednet

Department of Internal Medicine and Family Practice. June 18, 1991

Daniel Weiss MD

42. Clinical Aspects of Blood Lipids, Part 3. University Mednet  
Department of Internal Medicine and Family Practice. September  
25, 1991

43. Oncogenic Osteomalacia. Tracking the Source of the Evil Humor.  
Case Western Reserve University School of Medicine  
Endocrine Grand Rounds. March 19, 1992.

44. Practical Tips in the Management of Diabetes Mellitus. Part 1.  
University Mednet Physicians. April 14 , 1992.

45. Practical Tips in the Management of Diabetes Mellitus. Part 2.  
University Mednet Physicians. May 19, 1992

46. Treatment Approaches in Patients with Type II Diabetes Mellitus.  
Internal Medicine/Family Practitioners, Canton, Ohio. May 27, 1992

47. No-Nonsense Diabetes Management. A Symposium for Primary Care  
Physicians. Therapeutic Options-Type II (Insulin; Oral Agents).  
Cleveland Hilton South. June 3, 1992

48. Diabetes mellitus. University Mednet Nursing Staff. Beachwood, Ohio.  
September 17, 1992.

49. Diabetes: Essentials of Good Care. Internists and Family  
Practitioners. Pepper Pike, Ohio. September 24, 1992.

50. Diabetes mellitus. Focus on Type II. Family practitioners.  
October 20, 1992.

51. Diabetes mellitus: Essentials of Good Care. Internists and Family  
Practitioners. Akron, Ohio. October 22, 1992.

52. Thyrotalk. University Mednet internists. Beachwood, Ohio.  
November 10. 1992.

53. Treatment of Dyslipidemia. Cleveland Society of Hospital  
Pharmacists. Independence, Ohio. November 25, 1992.

Daniel Weiss MD

54. Diabetes mellitus: Focus on treatment of Type II patients. Canton Veterans Administration Outpatient Clinic. February 4, 1993.
55. Oncogenic osteomalacia. Hadassah Medical Center - Ein Kerem, Department of Endocrinology, Jerusalem, Israel. June 14, 1993.
56. Clinical Management of Dyslipidemia. Family practitioners, Mentor, Ohio. July 13, 1993.
57. The Management of Diabetes. 4th Annual Westside Seminar of the Cleveland Academy of Osteopathic Medicine. September 18, 1993
58. Hypo- and Hyperthyroidism. Ashtabula area practitioners. Ashtabula, Ohio. October 28, 1993
59. Diabetes Update: Focus on the DCCT. University Mednet Physicians and Nurses, Beachwood, Ohio. January 31, 1994.
60. Diabetes Update: Focus on the DCCT. University Mednet Physicians and Nurses, Bedford, Ohio. February 3, 1994.
61. Thyroid Disorders and Laboratory Assessment. University Mednet Laboratory Staff. Euclid, Ohio. July 7, 1994
62. Diabetes Update. American Philippine Physicians Organization. Cleveland, Ohio. August 26, 1994.
63. Hypercholesterolemia and its Management. Internal Medicine Physicians. Beachwood, Ohio September 23, 1994.
64. Diabetes Update: Focus on the DCCT. University Mednet Physicians and Nurses. Mentor , Ohio. October 29, 1994.
65. De Quervain's Subacute Thyroiditis. University Hospitals of Cleveland, Endocrinology Grand Rounds. November 2, 1994
66. Important Developments in Diabetes Mellitus. Medical staff of Bedford Hospital. Orange, Ohio. November 2, 1994.

Daniel Weiss MD

67. Diabetes: What Every Nurse Should Know. Licensed Practical Nurse Association of Ohio, Northeast Ohio Annual Meeting. Mentor, Ohio. March 1, 1995.
68. Depression in the Medical Setting. Licensed Practical Nurse Association of Ohio, Northeast Ohio Annual Meeting. Mentor, Ohio. March 1, 1995.
69. Diabetes Mellitus: Exciting Clinical Progress. Lake Erie College of Osteopathic Medicine Primary Care 1995 symposium. Clymer, New York. March 5, 1995.
70. Diabetes Treatment Update. FP and Internists. Beachwood, Ohio. May 17, 1995.
71. Current Concepts and Therapy in the Management of Hypercholesterolemia. FP and Internists, Cleveland, Ohio. August 23, 1995.
72. New Therapeutic Strategies in the Treatment of Type II Diabetes Mellitus. Grace Hospital, Cleveland, Ohio. August 26, 1995.
73. Diabetes: What Every Treating Physician Must Know. University Mednet Mentor Clinic. September 19, 1995.
74. Managing Hyperlipidemia. FP and Internists. Cleveland, Ohio. October 18, 1995.
75. New Aspects in Diabetes Mellitus. Presented at the 1995 Internal Medicine Annual Fall Seminar of Meridia South Pointe Hospital. Dept of Internal Medicine. Sagamore Hills, Ohio. October 28, 1995.
76. Hypercholesterolemia. FP and Internists. Canton, Ohio. November 16, 1995.
77. Osteoporosis: Etiology, Pathophysiology, and Current Medical Management. Internists. Moreland Hills, Ohio. December 6, 1995.
78. Update on Hyperlipidemia. American Philippine Physicians Organization. Cleveland, Ohio. January 6, 1996.

Daniel Weiss MD

79. Osteoporosis: Recognition and Treatment. Cuyahoga Falls Hospital Grand Rounds. Cuyahoga Falls, Ohio. January 24, 1996.
80. Pharmacotherapy of Type II Diabetes: "Maximizing Diabetes Treatment", a Diabetes Association of Greater Cleveland Allied Health Professionals Symposium. Landerhaven (Pepper Pike) Ohio. March 20, 1996.
81. Osteoporosis Comes of Age. Mentor, Ohio. April 18, 1996.
82. Diabetes: New Concepts in Management. Meridia South Pointe Hospital Primary Care Provider Seminar. Landerhaven (Pepper Pike) Ohio. May 4, 1996.
83. Osteoporosis: Finding Patients at Risk. University Mednet physicians and nurses. Willoughby, Ohio. June 17, 1996.
84. Update on the Management of Lipid Disorders. Primary care providers. Cleveland, Ohio. June 29, 1996.
85. New Options in the Treatment of Type II Diabetes. Beachwood, Ohio. July 8, 1996.
86. Hypo- and Hyperthyroidism. Lake Hospital, Willoughby, Ohio. July 10, 1996.
87. Hypo- and Hyperthyroidism. Lake Hospital, Painesville, Ohio. July 17, 1996.
88. Hypercholesterolemia. Primary care providers. Moreland Hills, Ohio. August 7, 1996.
89. Diabetes Mellitus: Care at the Turn of the Century. Mentor, Ohio. September 5, 1996.
90. Depression in Primary Care. Mentor, Ohio. September 12, 1996.
91. Pharmacotherapy of Obesity: Treating the Underlying Disease. Primary care providers. Bratenahl, Ohio. September 24, 1996.

Daniel Weiss MD

92. Management of Dyslipidemia. University Hospital Internal Medicine Residents. Cleveland, Ohio. October 9, 1996.

93. New Options for the Treatment of Diabetes Mellitus. Fifth Annual "Practical Issues in Internal Medicine for the General Practitioner. A Focus on Type II Diabetes." University Hospitals Health System Bedford Medical Center. Landerhaven ( Pepper Pike) Ohio. October 9, 1996.

94. Hypercholesterolemia. Internal Medicine residents Cleveland Veterans Administration Hospital. Cleveland, Ohio. October 10, 1996.

95. An Update on Treatment of Hyperlipidemia. Advanced Practice Nursing Continuing Education Series. Cleveland VA Medical Center, Cleveland, Ohio. November 13, 1996.

96. Osteoporosis Comes of Age. Recognition and Treatment. Moreland Hills, Ohio. December 23, 1996.

97. Treating Hypercholesterolemia. Cleveland, Ohio. January 29, 1997.

98. Pharmacotherapy of Obesity. Treating the Underlying Disease. Beachwood, Ohio. February 12, 1997.

99. You Won't Find It That Way! Diagnosing and Treating Depression; A Sub-specialist's Perspective. Moreland Hills, Ohio. April 16, 1997.

100. Obesity in the Patient with Type II Diabetes. Rochester, New York. April 30, 1997.

101. New approaches for the early detection of postmenopausal osteoporosis. University Mednet Beachwood, Bedford and Mentor sites. May 14, May 22 and June 3, 1997 respectively.

102. The use of anorectic agents in the treatment of Type 2 Diabetes. Hudson, Ohio. June 11, 1997

Daniel Weiss MD

103. Treating Hypercholesterolemia: does it matter which agent you use. Moreland Hills, Ohio. June 18 1997.

104. Type 2 Diabetes. Current options for treatment and the role of troglitazone. Moreland Hills, Ohio. July 2, 1997

105. Type 2 Diabetes. New options for treatment. Mentor, Ohio. August 7, 1998.

106. Diabetes and obesity in minority populations: team tactics for a tough problem. Diabetes Association of Greater Cleveland Allied Health Professional Symposium. Pepper Pike (Landerhaven), Ohio. September 10, 1997.

107. Prevention of MI. An evidence-based approach. Boardman, Ohio. September 20, 1997.

108. Lowering cholesterol to reduce cardiovascular events. Oberlin, Ohio. September 25, 1997.

109. Prevention of myocardial infarction: surprising new findings that may alter your approach. Toledo, Ohio. October 9, 1997.

110. Prevention of myocardial infarction: surprising new findings that may alter your approach. St. Clairsville, Ohio. Belmont County Medical Society. October 16, 1997.

111. Prevention of myocardial infarction: surprising new findings that may alter your approach. Youngstown, Ohio. October 21, 1997.

112. Prevention of myocardial infarction: surprising new findings that may alter your approach. Middleburg Heights, Ohio. October 23, 1997.

113. Type 2 Diabetes and update on troglitazone. Cleveland, Ohio. December 10, 1997.

114. Treatment Type 2 Diabetes. New options and issues. Moreland Hills, Ohio. December 16, 1997.

Daniel Weiss MD

- 115. Type 2 Diabetes: new guidelines, new options. Cleveland Academy of Osteopathic Physicians. Beachwood, Ohio. January 16, 1998.
- 116. Diabetes Disease Management. Mentor, Ohio. January 19, 1998.
- 117. Type 2 Diabetes. The role of troglitazone. Cleveland. March 4, 1998.
- 118. Tailoring treatment for patients with Type 2 Diabetes. Cleveland. March 21, 1998.
- 119. New options for treating Type 2 Diabetes. Bratenahl, Ohio. March 25, 1998.
- 120. Treating hypercholesterolemia: an evidence-based approach. Beachwood, Ohio. May 6, 1998.
- 121. Clinical aspects of dyslipidemia. Pepper Pike, Ohio. May 21, 1998.
- 122. Tailoring treatment for Type 2 Diabetes. The role of Prandin. Moreland Hill, Ohio. June 4, 1998.
- 123. Tailoring therapy for Type 2 Diabetes. Aurora, Ohio. July 11, 1998.
- 124. New strategies for achieving metabolic control in Type 2 Diabetes. Pepper Pike, Ohio. August 5, 1998.
- 125. Optimizing glycemic control in Type 2 Diabetes. Concord, Ohio. August 12, 1998.
- 126. Diabetes Disease Management. Cleveland. August 25, 1998. Moderator.
- 127. Evista and Osteoporosis. A slide lecture program. Ashtabula, Ohio. August 27, 1998.
- 128. Type 2 Diabetes. Update on Rezulin. Cleveland. September 2, 1998.
- 129. Tailoring treatment for patients with Type 2 Diabetes. Cleveland. September 26, 1998.



Daniel Weiss MD

130. Update on osteoporosis. Bedford, Ohio. October 2, 1998.

131. Tailoring treatment for patients with Type 2 Diabetes. Cleveland. October 18, 1998.

132. Diabetic dyslipidemia: a reasoned approach to a difficult problem. Presented at "Conquering Diabetic Complications." A multidisciplinary symposium sponsored by University Hospitals of Cleveland. Cleveland. October 24, 1998.

133. Tailoring therapy in Type 2 Diabetes and the role of Prandin. Cleveland. November 4, 1998.

134. Current issues in the treatment of Type 2 Diabetes with a focus on troglitazone. Richmond Heights, Ohio. November 14, 1998.

135. Optimizing glycemic control in Type 2 Diabetes. Niles, Ohio. November 16, 1998.

136. Type 2 Diabetes and the place for troglitazone in treatment. Willoughby, Ohio. November 17, 1998.

137. Evista: A slide lecture program. Akron, Ohio. November 20, 1998.

138. Update on the Pharmacotherapy of Type 2 Diabetes and the role of Prandin. Boardman, Ohio. December 12, 1998.

139. What's new for Type 2 Diabetes. Mayfield Heights, Ohio. December 20, 1998.

140. Diabetic dyslipidemia. Mayfield Heights, Ohio. February 14, 1999

141: Insulin resistance and Type 2 Diabetes. Implications for treatment. Moreland Hills, Ohio. February 17, 1999.

142. Treating dyslipidemia. Ohio Association of Physician Assistants. 2<sup>nd</sup> Annual Winter Conference. Newbury, Ohio. February 27, 1999.

143. Treating diabetes. A continuum of care. Moreland Hills, Ohio. April 6, 1999.

Daniel Weiss MD

144. Type 2 Diabetes. Pepper Pike, Ohio. April 13, 1999.
145. Treating Type 2 Diabetes. Optimizing glycemic control. Pittsburgh, PA. April 22, 1999.
146. Treating Diabetic dyslipidemia. Union Hospital, Dover, Ohio. April 28, 1999.
147. Troglitazone update in the treatment of Type 2 Diabetes. Lake County Medical Society. Willoughby, Ohio. April 28, 1999.
148. Tailoring treating for dyslipidemia. Painesville, Ohio. May 15, 1999.
149. Treating depression. A non-psychiatrist's view. Cleveland, Ohio. May 30, 1999.
150. Insulin resistance and Type 2 Diabetes. Cleveland, Ohio. June 8, 1999
151. Rosiglitazone. A new option for treating Type 2 Diabetes. Pepper Pike, OH. June 30, 1999.
152. Xenical. A new alternative in weight management. Aurora, OH. July 11, 1999.
153. Type 2 Diabetes. Optimizing outcomes. UHHS Bedford Medical Center, Bedford, OH. August 3, 1999.
154. Treating obesity; the role of orlistat. Woodmere Village, Ohio. August 12, 1999.
155. New advances in the treatment of Type 2 Diabetes. Ashtabula, OH. September 7, 1999.
156. Pioglitazone in the treatment of Type 2 Diabetes. Akron, OH. September 22, 1999.
157. Management of obesity. In "Prescribing Controlled Drugs: Strategies for Clinical Practice. CWRU School of Medicine. Cleveland, OH. September 25, 1999 .

Daniel Weiss MD

158. New advances in the treatment of Type 2 Diabetes. Moreland Hills, OH. September 29, 1999.

159. Treating Dyslipidemia. Cleveland, OH. November 10, 1999.

160. New advances in the treatment of Type 2 Diabetes. Elkton, OH. November 16, 1999.

161. Options for the treatment of Type 2 Diabetes: New and Old, Simple and Complex. Chardon, OH. November 18, 1999.

162. Update on Type 2 Diabetes. Cuyahoga Falls, OH. December 2, 1999.

163. New advances in the treatment of Type 2 Diabetes. Youngstown, OH. December 4, 1999.

164. New advances in the treatment of Type 2 Diabetes. Cleveland, OH. December 8, 1999.

165. Insulin resistance and Type 2 Diabetes. Canton, OH. December 11, 1999.

166. An Algorithm for the treatment of Type 2 Diabetes. Euclid, OH. January 31, 2000.

167. New options for the treatment of Type 2 Diabetes. Akron, OH. February 4, 2000.

168. New options for the treatment of Type 2 Diabetes. Alliance, OH. February 16, 2000.

169. An Algorithm for the treatment of Type 2 Diabetes. Eastlake, OH. February 22, 2000.

170 . Insulin resistance and its role in Type 2 Diabetes. Cleveland, OH. March 4, 2000.

171. Multifactorial intervention in the patient with Diabetes. Woodmere Village, OH. March 15, 2000.

Daniel Weiss MD

172. Lipids and cardiovascular event reduction. Mentor, OH. March 16, 2000.

173. An introduction to Humalog Mix 75/25 and a review of Humalog Insulin. Ashtabula, OH. April 6, 2000.

174. Treating obesity. An update. Willoughby, OH. April 18, 2000

175. Treating hypercholesterolemia. Mentor, OH. April 27, 2000.

176. An introduction to Humalog Mix 75/25 and a review of Humalog Insulin. Kalamazoo, MI. April 28, 2000.

177. Treating obesity. An update. Presented at the 11<sup>th</sup> Annual Update in Internal Medicine sponsored by the Northeastern Ohio Universities College of Medicine. Cuyahoga Falls, OH. May 1, 2000.

178. Update on dyslipidemia. Mentor, OH. May 11, 2000.

179. Case studies in osteoporosis. Mentor, OH. May 11, 2000

180. A new insulin for the new millennium: Humalog Mix 75/25. Cleveland, OH. May 12, 2000.

181. The role of thiazolidinediones in the management of Type 2 Diabetes. Marion, OH. May 17, 2000

182. An introduction to Humalog Mix 75/25 and a review of Humalog Insulin. Cleveland, OH. May 18, 2000.

183. The role of thiazolidinediones in the management of Type 2 Diabetes. Mansfield, OH. May 24, 2000.

184. Treating obesity and the use of orlistat. Cleveland, OH. May 25, 2000.

185. Weight management in patients with co-morbid diseases. Cleveland, OH. June 2, 2000.

Daniel Weiss MD

186. Management of obesity. Presented as part of the education lunchtime CME series of Lake Hospital System. Erieside Clinic, Willoughby, OH. June 8, 2000.

187. Treating insulin resistance in Type 2 Diabetes. Cleveland, OH. July 5, 2000.

188. New advances in the treatment of Type 2 Diabetes. Sandusky, OH. July 8, 2000.

189. Treating insulin resistance in patients with Type 2 Diabetes. Massillon, OH. July 26, 2000.

190. New advances in the treatment of Type 2 Diabetes. Niles, OH. July 26, 2000.

191. Current concepts in the treatment and diagnosis of thyroid disorders. Family Medicine Grand Rounds. St Elizabeth Health Center, Youngstown, OH. July 27, 2000.

192. Optimizing outcomes in Type 2 Diabetes. Mentor, OH. August 17, 2000.

193. Type 2 Diabetes: treating the dual defects. Cuyahoga Falls, OH. August 20, 2000.

194. Treating obesity. Akron, OH. August 26, 2000.

195. New Advances in the Treatment of Type 2 Diabetes. Columbus, OH. August 27, 2000.

196. A new option for oral therapy of Type 2 Diabetes. September 6, 2000.

197. Insulin therapy for Type 2 Diabetes. Akron, OH. September 13, 2000.

198. Insulin therapy for Type 2 Diabetes. Ashtabula, OH. September 14, 2000.

199. Pharmacotherapy for Type 2 Diabetes. Cleveland, OH. September 28, 2000.

Daniel Weiss MD

200. Insulin adjustment and pattern management for intensive glycemic control. Northeastern Ohio chapter of the American Association of Diabetes Educators. Cleveland, OH. October 5, 2000.

201. A Review of Humalog and introduction to Humalog Mix 75/25. Mentor, OH. October 10, 2000.

202. Thyroid disorders: an overview. Presented as part of the education lunchtime CME series of Lake Hospital System. Erieside Clinic, Willoughby, OH. October 12, 2000.

203. New dimensions in the treatment of hyperlipidemia. Beachwood, OH. October 19, 2000.

204. A Review of Humalog and introduction to Humalog Mix 75/25. Moreland Hills, OH. October 25, 2000.

205. A new non-systemic approach to LDL cholesterol reduction. Cleveland, OH. October 29, 2000.

206. A Review of Humalog and introduction to Humalog Mix 75/25. Youngstown, OH. November 4, 2000.

207. Clinical update on Type 2 Diabetes. Madison, IN. November 7, 2000.

208. Management of dyslipidemia. Mentor, OH. November 16, 2000.

209. Treating insulin resistance in Type 2 Diabetes. Mayfield Heights, OH. November 25, 2000.

210. Insulin resistance and Type 2 Diabetes. Akron, OH. December 2, 2000.

211. Insulin resistance and Type 2 Diabetes. Woodmere Village, OH. December 14, 2000.

212. Insulin and post-prandial glycemic control. Cleveland, OH. February 15, 2001.

Daniel Weiss MD

213. An algorithm for initial treatment of Type 2 Diabetes. Euclid, OH. February 19 2001.

214. Post-prandial glycemic control and a new oral agent for Type 2 Diabetes. Moreland Hill, OH. February 21, 2001.

215. Optimizing outcomes in Type 2 Diabetes. Akron, OH. February 22, 2001.

216. Optimizing outcomes in Type 2 Diabetes. Woodmere Village, OH. February 28, 2001.

217. A new non-systemic approach to LDL-cholesterol lowering. Independence, OH. March 1, 2001.

218. A new non-systemic approach to LDL-cholesterol lowering. Niles, OH. March 8, 2001.

219. A new non-systemic approach to LDL-cholesterol lowering. Cuyahoga Falls, OH. March 14, 2001.

220. A novel approach to the treatment of Type 2 Diabetes. Moreland Hills, OH. March 21, 2001.

221. A new non-systemic approach to LDL cholesterol lowering. Ashtabula, OH. April 3, 2001.

221. Obesity and its treatment with orlistat. Eastlake, OH. April 9, 2001.

222. Treating Type 2 Diabetes by targeting the dual defects. Mansfield, OH. April 17, 2001.

223. Insulin therapy in Diabetes. Niles, OH. April 25, 2001

224. Insulin resistance in Type 2 Diabetes. Cleveland, OH. April 28, 2001.

225. Dyslipidemia in Diabetes. The data on statins. Euclid, OH. April 30, 2001.

Daniel Weiss MD

- 226. Optimizing outcomes in Type 2 Diabetes. Association of Philippine Physicians in Ohio. Cleveland, OH. May 5, 2001.
- 227. Combination therapy for glycemic control in Type 2 Diabetes. Mentor, OH. May 16, 2001
- 228. Faculty presenter at National WelChol Speakers' Training Meeting. Lake Geneva, Wisconsin. June 2, 2001.
- 229. Combination therapy for glycemic control in Type 2 Diabetes. Moreland Hills, OH. June 6, 2001.
- 230. Challenges in the treatment of dyslipidemia. Concord, OH. June 19, 2001.
- 231. Update on the treatment of hypercholesterolemia. Concord, OH. June 20, 2001.
- 232. Insulin resistance and the use of thiazolidinediones in the treatment of Type 2 Diabetes. Mentor, OH. June 27, 2001.
- 233. Insulin therapy in Type 2 Diabetes. The benefits of Insulin Glargine (Lantus). Warrensville Heights, OH. June 28, 2001.
- 234. Insulin use in Type 2 Diabetes and the use of new true basal insulin. Mentor, OH. July 12, 2001
- 235. Insulin resistance in Type 2 Diabetes; new perspectives on the thiazolidinediones. Moreland Hill, OH. July 25, 2001.
- 236. Insulin use in Type 2 Diabetes and the use of new true basal insulin. Ashtabula, OH. July 26, 2001.
- 237. Insulin resistance in Type 2 Diabetes; new perspectives on the thiazolidinediones. Ashtabula, OH. July 30, 2001.
- 238. Post-prandial glucose. New options to improve outcomes. Moreland Hill, OH. July 31, 2001.



Daniel Weiss MD

239. Diabetes Consultants Meeting, presenter, moderator. Beachwood, OH. August 21, 2001.

240. Treatment of obesity with a focus on pharmacotherapy. Mentor, OH. September 19, 2001.

241. Insulin resistance. New perspectives on the thiazolidinediones. Pepper Pike, OH. September 20, 2001.

242. Insulin resistance and insulin deficiency; treating dual defects to optimize outcomes in Type 2 Diabetes. Medina, OH. September 23, 2001.

243. Treating obesity. Weighing in on orlistat. Chagrin Falls, OH. September 24, 2001

244. Insulin resistance: new perspectives on the thiazolidinediones. Hudson, OH. October 2, 2001.

245. Insulin use in Type 2 Diabetes and the use of new true basal insulin. Mentor, OH. October 16, 2001.

246. A new true basal insulin for Type 1 and Type 2 Diabetes. Mentor, OH. October 23, 2001.

247. Insulin resistance: new perspectives on the thiazolidinediones. Bath, OH. October 25, 2001.

248. Improving glycemic control in Type 1 and Type 2 Diabetes or how to treat insulin deficiency while preserving lifestyle. Pepper Pike, OH and northeastern Ohio teleconference sites. October 29, 2001.

249. Optimizing outcomes in Type 2 Diabetes. 15<sup>th</sup> Annual Family Practice Weekend, Huntington, WV. November 10, 2001.

250. Treating obesity in adults. Department of Internal Medicine, Trumbull County Memorial Hospital, Warren, OH. November 13, 2001.

251. Unmet Needs in treating Diabetes. Roundtable Advisory Meeting for Pramlintide. Cleveland, OH. November 14, 2001.

Daniel Weiss MD

- 252. Insulin therapy and the use of insulin glargine. Cleveland, OH. November 15, 2001.
- 253. Improving glycemic control in Type 1 and Type 2 Diabetes or how to treat insulin deficiency while preserving lifestyle. Port Clinton, OH. November 28, 2001.
- 254. Insulin resistance: new perspectives on the thiazolidinediones. Beachwood, OH. December 4, 2001.
- 255. Insulin analogue use to optimize glycemia in patients with diabetes. Northeastern Ohio Chapter of the American Association of Diabetes Educators. Independence, OH. December 6, 2001
- 256. Insulin resistance. New perspectives on the thiazolidinediones. Mentor, OH. December 17, 2001.
- 257. Looking back, glancing forward: New approaches to dyslipidemia. Beachwood, OH. December 19, 2001.
- 258. Insights into the treatment of Type 2 Diabetes. Beachwood, OH. January 15, 2002.
- 259. Improving glycemic control in Type 2 Diabetes. Cleveland Academy of Osteopathic Physicians. Beachwood, OH. January 19, 2002.
- 260. Using insulin to optimize glycemic control. Cleveland, OH. January 20, 2002.
- 261. A mini-insulin tutorial. Mentor, OH. January 29, 2002.
- 262. Insulin resistance. New perspectives on the thiazolidinediones. Cleveland, OH. January 29, 2002.
- 263. Type 2 Diabetes: New approaches to treatment. Pittsburgh, PA. February 16, 2002.
- 264. The Evolution in the treatment of dyslipidemia. Mentor, OH. February 19, 2002.

Daniel Weiss MD

- 265. Type 2 Diabetes. New perspectives on the thiazolidinediones. Westlake, OH. February 25, 2002.
- 266. Optimizing outcomes in Type 2 Diabetes. Selected topics. UniversityMednet Internal Medicine Department. Richmond Heights, OH. February 26, 2002
- 267. Treatment of obesity in adults; the lowdown on orlistat. Chagrin Falls, OH. February 27, 2002.
- 268. Osteoporosis and the role of risedronate in therapy. Moreland Hills, OH. February 28, 2002.
- 269. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Licking Memorial Hospital Grand Rounds. Newark, OH. March 11, 2002.
- 270. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Newcomerstown, OH. March 11, 2002.
- 271. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Genesis Health Care System Bethesda Hospital Grand Rounds. Zanesville, OH. March 12, 2002.
- 272. Osteoporosis and the role of risedronate in therapy. Cleveland, OH. March 13, 2002
- 274. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Akron, OH. March 21, 2002
- 275. Osteoporosis and the use of risedronate. Canton, OH. March 23, 2002.
- 276. Reducing cardiovascular events with ramipril; the HOPE trial. Akron, OH. March 25, 2002.
- 277. Reducing cardiovascular events with ramipril; the HOPE trial. Mentor, OH. March 26, 2002.

Daniel Weiss MD

278. . Improving glycemic control in Type 1 and Type 2 Diabetes or how to treat insulin deficiency while preserving lifestyle. Toledo, OH. April 6, 2002.

279. The challenge of obesity. Presented at the Endocrinology Update of Lake Hospital System, a continuing medical education program. Eastlake, OH. April 24, 2002.

280. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Cleveland, OH. April 25, 2002.

281. Colesevelam in the treatment of hypercholesterolemia. Lyndhurst, OH. May 7, 2002.

282. Reducing cardiovascular events.: beyond conventional approaches. Bedford, OH. May 10, 2002.

283. Insulin therapy: analogues for superior glycemic control. Association of Philippine Physicians in Ohio. Cleveland, OH. May 11, 2002.

284. Selected topics in treating dyslipidemia. Mentor, OH. May 14, 2002.

285. Rediscovering insulin therapy for Type 1 and Type 2 Diabetes. Hudson, OH. May 14, 2002.

286. Treating Type 2 Diabetes: the role of thiazolidinediones. Mayfield Heights, OH. May 18, 2002.

287. Colesevelam in the treatment of hypercholesterolemia. Rocky River, OH. May 22, 2002.

288. Update on treatment of hypercholesterolemia. Geneva, OH. June 5, 2002.

289. Improving glycemic control in Type 2 Diabetes: know the options, consider the patient. Mentor, OH. June 10, 2002.

290. Rediscovering insulin for Type 1 and Type 2 Diabetes. Solon, OH. June 26, 2002.

Daniel Weiss MD

291. Treating osteoporosis and the use of risedronate. Mentor, OH. June 27, 2002.

292. Treating Type 2 Diabetes: New perspectives on the thiazolidinediones. Akron, OH. July 16, 2002.

293. Treatment of Type 2 Diabetes and the central role of insulin resistance. Bedford, OH. August 23, 2002.

294. Reducing cardiovascular events: a non-traditional approach. Beachwood, OH. September 17, 2002.

295. Reducing cardiovascular events: a non-traditional approach. Mentor, OH. September 18, 2002.

296. Optimizing glycemic control in Type 2 Diabetes: use of oral agents. Family Practice Residents, University Hospitals of Cleveland. October 2, 2002.

297. Treating Type 2 Diabetes; novel pharmacotherapeutic approaches. Alliance. OH. October 2, 2002.

298. Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Erie, PA. October 16, 2002.

299. Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Beachwood, OH. October 22, 2002.

300. Insights into the treatment of Type 2 Diabetes. Moreland Hill, OH. October 23, 2002.

301. Insights into the treatment of Type 2 Diabetes. North Canton, OH. October 24, 2002.

302. Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Akron, OH. November 5, 2002.

303. Using insulin for Type 2 Diabetes. Family Practice Residents, University Hospitals of Cleveland. November 6, 2002.

Daniel Weiss MD

304. . Improving cardiovascular outcomes: two safe effective modalities. WelChol and Benicar. Independence, OH. November 14, 2002.

305 Insights into the treatment of Type 2 Diabetes. Warren, OH. November 19, 2002.

306. Optimizing glycemic control in Type 2 Diabetes. Cleveland Medical Reading Club. Cleveland, OH. December 17, 2002.

307. Type 2 Diabetes: Beyond guidelines to evidence-based targets. Chagrin Falls, OH. December 21, 2002.

308. Case studies in dyslipidemia. Beachwood, OH. February 26, 2003.

309. Reducing cardiovascular events through a non-conventional approach. Chardon, OH. March 3, 2003.

310. Getting to goal in Type 2 Diabetes. Moreland Hills, OH. March 10, 2003.

311. Diabetes treatment update. UHHS Geauga Hospital, Chardon, OH. March 11, 2003.

312. Getting to goal in Type 2 Diabetes. Mansfield, OH. March 17, 2003.

313. Reducing cardiovascular events through a non-conventional approach. Mentor, OH. March 26, 2003.

314. Reducing cardiovascular events through a non-conventional approach. Eastlake, OH. April 1, 2003.

315. Using TZD therapy to optimize control in Type 2 Diabetes. Akron, OH. April 3, 2003.

316. Rational use of insulin in Type 2 Diabetes. Cleveland, OH. April 10, 2003.

317. Type 1 Diabetes. Ohio College of Podiatric Medicine students. April 11, 2003.

Daniel Weiss MD

318. Type 2 Diabetes. Ohio College of Podiatric Medicine students. April 18, 2003.

319. The Heart Protection Study. Westlake, OH. May 7, 2003

320. Early use of thiazolidinediones. Beachwood, OH May 15, 2003.

321. Early use of thiazolidinediones. Pepper Pike, OH. May 20, 2003.

322. Thiazolidinediones in Type 2 Diabetes. Akron, OH May 28, 2003.

323. Rational use of insulin in Type 2 Diabetes. Southwest General Hospital. Internal Medicine Grand Rounds. May 30, 2003.

324. Obesity: Evaluation and Management. Robinson Memorial Hospital Grand Rounds. Ravenna, OH. June 4, 2003.

325. The Heart Protection Study. Ontario, OH. June 10, 2003.

326. The Heart Protection Study. Beachwood, OH. June 19, 2003.

327. An update on osteoporosis treatment. Concord, OH. July 10, 2003.

328. Rational use of insulin in Type 2 Diabetes. Huron Road Hospital Internal Medicine Grand Rounds. Cleveland, OH. July 14, 2003.

329. The HOPE trial. Mentor, OH. July 15, 2003.

330. The role of thiazolidinediones in Type 2 Diabetes. Geneva, OH. July 16, 2003.

331. The Heart Protection Study. Canton, OH. August 7, 2003.

332. The HOPE trial. Mentor, OH. August 12, 2003.

333. One Step Ahead of the Guidelines: The Heart Protection Study. Youngstown, OH. September 10, 2003.

Daniel Weiss MD

- 334. One Step Ahead of the Guidelines: The Heart Protection Study. Lakewood, OH. September 16, 2003.
- 335. Update on Lipid Therapy. Mentor, OH. September 17, 2003.
- 336. Rosiglitazone update. Euclid Hospital, Cleveland Clinic Health System. Euclid, OH. September 19, 2003.
- 337. The Diabetes maze: Knowing where you're going and how to get there. Bath, OH. September 23, 2003.
- 338. Rational use of insulin for the elderly with Type 2 Diabetes. Louis Stokes VA Medical Center, Cleveland, OH. September 26, 2003.
- 339. Type 2 Diabetes and the use of thiazolidinediones. UHHS Richmond Heights Hospital Grand Rounds. Richmond Heights, OH. October 14, 2003.
- 340. Clinical and regulatory update on the management of hypothyroidism. Nationwide teleconferences on October 30, November 10, 19, December 11 all in 2003.
- 341. Update on treatment of dyslipidemia. Pepper Pike, OH. October 28, 2003.
- 342. Insulin pump therapy. UHHS Geauga Hospital. Chardon, OH. November 11, 2003
- 343. Update on treatment of dyslipidemia. Ashtabula County Medical Society. Ashtabula, OH. November 11, 2003.
- 344. The Metabolic Syndrome. Euclid Hospital Grand Rounds. Euclid, OH. November 13, 2003.
- 345. Update on dyslipidemia. Bratenahl, OH. November 13, 2003.
- 346. Update on hypercholesterolemia. Mentor, OH November 24, 2003.
- 347. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Mansfield, OH. November 25, 2003.



Daniel Weiss MD

- 348. The Heart Protection Study. Austintown, OH. December 4, 2003.
- 349. Insulin resistance and use of Thiazolidinediones. Northfield, OH. December 5, 2003.
- 350. Update on dyslipidemia. First Russian-American Physicians Meeting. Willoughby, OH December 6, 2003.
- 351. Reducing cardiovascular events and the HOPE trial. Beachwood, OH. December 9, 2003.
- 352. Treatment of dyslipidemia: an update. Mayfield Heights, OH. January 14, 2004.
- 353. Rosuvastatin: a panel presentation. Beachwood, OH. January 21, 2004.
- 354. Clinical and regulatory update on the management of hypothyroidism. Nationwide teleconferences on February 2, 3, March 2, 16, 30, May 6,
- 355. Update on Type 2 Diabetes. Ohio College of Podiatric Medicine, Cleveland, OH. February 10, 2004.
- 356. Intensive glycemic control for Type 2 Diabetes: a focus on insulin. Cuyahoga Falls General Hospital, Cuyahoga Falls, OH. February 21, 2004.
- 357. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Beachwood, OH. February 24, 2004.
- 358. Insulin and its use: a workshop. Lake Hospital, Willoughby, OH. March 18, 2004.
- 359. Using insulin to optimize glycemia. Teleconference delivered on April 1, April 20, May 4, June 11.
- 360. Type 2 Diabetes. Multiple considerations for optimal outcomes. Fairview Hospital, Cleveland, OH. April 27, 2004.
- 361. Osteoporosis. An update. Beachwood, OH. April 28, 2004.

Daniel Weiss MD

362. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Pepper Pike, OH. June 15, 2004.

363. Type 2 Diabetes. University Hospitals of Cleveland, Family Practice Residents. June 17, 2004.

364. Treatment of Type 2 Diabetes: Focus on Thiazolidinediones. Pepper Pike, OH. June 29, 2004.

365. Getting to goal in Type 2 Diabetes; it matters how you get there. Painesville, OH . July 14, 2004.

366. Lipid update. Beachwood, OH. July 21, 2004.

367. Using insulin to optimize glycemic control in Type 2 Diabetes. Cleveland, OH. August 10, 2004.

367. Strike Early to Obtain and Sustain A1c Goal. Westlake, OH. August 31, 2004.

368. Strike Early to Obtain and Sustain A1c Goal. Bluefield, West Virginia. September 9, 2004.

369. Type 2 Diabetes and the use of thiazolidinediones. Meeting of the Ohio Association of Advanced Practice Nurses in Warren, OH. September 23, 2004.

370. Using insulin glargine alone or in combination with oral agents for Type 2 Diabetes. Teleconference delivered on Sept 29, October 6, October 27.

371. Treating hypercholesterolemia. Euclid, OH. October 5, 2004.

372. Insulin use for Type 2 Diabetes: balancing simplicity with control. Mentor, OH. October 21, 2004.

373. Strike Early to Obtain and Sustain A1c Goal. Woodmere Village, OH. October 28, 2004.

Daniel Weiss MD

374. Thiazolidinedione use for Type 2 Diabetes. Madison, OH. October 29, 2004.

375. Strike Early to Obtain and Sustain A1c Goal. Hudson, OH. November 11, 2004.

376. Using insulin to optimize glycemic control. Cleveland, OH. November 16, 2004.

377. Using statins to reduce cardiovascular events in Type 2 Diabetes. Fairview Hospital, Cleveland, OH. November 18, 2004.

378. Thiazolidinedione use for Type 2 Diabetes. Avon, OH. November 19, 2004.

379. An insulin practicum. Lyndhurst, OH. December 2, 2004.

380. Type 2 Diabetes and the use of thiazolidinediones. Meeting of the Northeast Ohio Association of Diabetes Educators, Independence, OH. December 9, 2004.

381. Statins: an update. Mentor, OH. January 3, 2005.

382. Prescribing insulin for those with Type 2 Diabetes. Westlake, OH. January 27, 2005.

383. Optimizing glycemic control with insulin. Huron Hospital Medical Grand Rounds. January 31, 2005.

384. Prescribing insulin for those with Type 2 Diabetes. Saybrook, OH. February 2, 2005.

385. Thiazolidinedione use for Type 2 Diabetes. North Royalton, OH. February 3, 2005.

386. Diabetes: an update and overview. Greater Cleveland Peri-Anesthesia Nurses Association XI. Bedford, OH. February 26, 2005.

387. Insights into insulin therapy. Mentor, OH. March 9, 2005.

Daniel Weiss MD

388. Thiazolidinedione use for Type 2 Diabetes. Independence, OH. March 10, 2005.

389. Thiazolidinedione use for Type 2 Diabetes. Orange Village, OH. March 24, 2005.

390. Thiazolidinedione use for Type 2 Diabetes. Orange Village, OH. April 19, 2005.

391. Using Insulin Glargine for Type 2 Diabetes. Teleconference. May 4, 2005.

392. Treating Type 2 Diabetes. Neighborhood Family Practice, Cleveland OH. May 5, 2005.

393. Thiazolidinedione use for Type 2 Diabetes. Concord, OH. May 10, 2005.

394. Treating hypertension and hypercholesterolemia: recent data with a focus on Type 2 Diabetes. Mentor, OH. May 11, 2005.

395. Statins: an update on rosuvastatin.. Mentor, OH. May 12, 2005

396. Intensive insulin therapy and insulin glulisine. Cincinnati, OH. May 16, 2005.

397. Complications of Diabetes. Can they be prevented ? Jewish Hospital Grand Rounds, Cincinnati, OH. May 17, 2005.

395. Insulin Glulisine, national teleconference. May 19, 2005.

396. Once monthly ibandronate for osteoporosis. Lakewood, OH. June 2, 2005.

397. Once monthly ibandronate for osteoporosis. Willoughby, OH. June 7, 2005.

398. Once monthly ibandronate for osteoporosis. Cleveland, OH. June 16, 2005.

Daniel Weiss MD

- 399. Byetta: The First Incretin Mimetic. Local moderator for a national program presented by satellite. Cuyahoga Falls, OH. June 21, 2005.
- 400. Insulin initiation. A Case study approach. A teleconference held on June 21, 2005.
- 401. Using insulin in Type 2 Diabetes. A Joslin Diabetes Center program. Moderator. Cleveland, OH. June 28, 2005.
- 402. Once monthly ibandronate for osteoporosis. Pepper Pike, OH. June 29, 2005.
- 403. Thiazolidinedione use for Type 2 Diabetes. Broadview Heights, OH. June 30, 2005.
- 404. Once monthly ibandronate for osteoporosis. Mentor, OH. July 11, 2005.
- 405. Byetta: The First FDA-approved Incretin Mimetic. Willoughby, OH. July 12, 2005.
- 406. Byetta: The First FDA-approved Incretin Mimetic. Cleveland, OH. July 13, 2005.
- 407. Byetta: The First FDA-approved Incretin Mimetic. Westlake, OH. July 14, 2005.
- 408. Byetta: The First FDA-approved Incretin Mimetic. Mentor, OH. July 19, 2005.
- 409. Byetta: The First FDA-approved Incretin Mimetic. Zanesville, OH. July 20, 2005.
- 410. Byetta: The First FDA-approved Incretin Mimetic. Westlake, OH. July 26, 2005.
- 411. Byetta: The First FDA-approved Incretin Mimetic. Hudson, OH. July 27, 2005.
- 412. Byetta: The First FDA-approved Incretin Mimetic. Canton, OH. July 28, 2005.

Daniel Weiss MD

- 413. Diabetic Microvascular Complications. A Joslin Diabetes Center program. Moderator. Cleveland, OH. August 2, 2005.
- 414. Byetta: The First FDA-approved Incretin Mimetic. Cleveland, OH. August 3, 2005.
- 415. Byetta: The First FDA-approved Incretin Mimetic. Milan, OH. August 4, 2005.
- 415. Targeting lipids to reduce cardiovascular events; recent clinical trials. Beachwood, OH. August 9, 2005.
- 416. Byetta: The First FDA-approved Incretin Mimetic. Erie, PA. August 16, 2005.
- 417. Byetta: The First FDA-approved Incretin Mimetic. Coshocton, OH. August 17, 2005.
- 418. Byetta: The First FDA-approved Incretin Mimetic. A teleconference. August 18, 2005.
- 419. Byetta: The First FDA-approved Incretin Mimetic. A teleconference. August 25, 2005.
- 420. Thiazolidinedione use for Type 2 Diabetes. Lakewood, OH. August 26, 2005.
- 421. Byetta: The First FDA-approved Incretin Mimetic. Concord, OH. August 31, 2005.
- 422. Rosuvastatin in treating hypercholesterolemia. Mentor, OH. September 12, 2005.
- 423. Byetta: The First FDA-approved Incretin Mimetic. Grand Rapids, MI. September 15, 2005.
- 424. In-Hospital glucose control. Beachwood, OH. September 22, 2005.

Daniel Weiss MD

425. Thiazolidinedione use for Type 2 Diabetes. Warren, OH. September 29, 2005.

426. Byetta: The First FDA-approved Incretin Mimetic. Schererville, IN. October 6, 2005.

427. Thiazolidinedione use for Type 2 Diabetes. Beachwood, OH. October 11, 2005.

428. Collaboration and Clarity in Diabetes Care. PDM Healthcare Expo. Cleveland, OH. October 22, 2005.

429. Lake Hospital System Diabetes Symposium: New therapies for 2 Diabetes: the incretin pathway. AND Practical applications of therapy for Type 2 Diabetes case discussions, in conjunction with Dr Martin Mandel. Eastlake, OH October 26, 2005.

430. Byetta: The First FDA-approved Incretin Mimetic. Beachwood, OH. October 27, 2005.

431. Single agent efficacy in treating hypercholesterolemia. Huron Hospital Internal Medicine Residents, Cleveland, OH. October 28, 2005.

432. Thiazolidinediones. Cleveland, OH. November 1, 2005

433. Byetta: The First FDA-approved Incretin Mimetic. Vermilion, OH. November 1, 2005.

434. Diabetes management. A case from the Joslin Diabetes Center Affiliate. St Vincent Charity Hospital Noon Residents Conference. Cleveland, OH. November 8, 2005.

435. Targeting the incretin pathway in the treatment of Type 2 Diabetes. Genesis Healthcare System Bethesda Hospital Grand Rounds, Zanesville, OH. November 12, 2005.

436. Thiazolidinediones. Cleveland, OH. November 15, 2005.

437. Type 2 Diabetes. Thiazolidinediones and other treatment options; a roundtable discussion. Independence, OH. November 16, 2006.

Daniel Weiss MD

- 438. Improving cardiovascular outcomes: LDL and beyond. A Joslin Diabetes Center program. Moderator. Cleveland, OH. November 17, 2005.
- 439. Diabetes management. St Vincent Charity Hospital Noon Residents Conference. Cleveland, OH. November 22, 2005
- 440. Diabetes, glycemia and new hormonal paradigms. A Joslin Diabetes Center program. Moderator. Cleveland, OH. December 8, 2005.
- 441. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Beachwood, OH. December 13, 2005
- 442. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Beachwood, OH. December 14, 2005.
- 443. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Richmond Heights Hospital. Richmond Heights , OH. December 16, 2005.
- 444. Inpatient glycemic control. A teleconference. December 19, 2005.
- 445. Self-regulation of glycemic control. Understanding Byetta. A teleconference. February 2, 2006.
- 446. New insights in the treatment of Type 2 Diabetes. Southwest General Health Center Grand Rounds. February 3, 2006.
- 447. Type 2 Diabetes: Thiazolidinediones and other treatment options; a roundtable program. Madison, OH. February 7, 2006.
- 448. Byetta: The First FDA-approved Incretin Mimetic. Mentor, OH February 7, 2006.
- 449. Thiazolidinediones and other treatment options. Independence, OH. February 15, 2006.
- 450. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Pepper Pike, OH. February 16, 2006.
- 451. Thiazolidinediones in the treatment of Type 2 Diabetes. Hudson, OH. February 21, 2006.



Daniel Weiss MD

452. Once monthly ibandronate for osteoporosis. Mentor, OH. February 22, 2006.

453. Reducing insulin resistance and cardiovascular risk. A Joslin Diabetes Center program. Moderator. Cleveland, OH. February 28, 2006.

454. Thiazolidinediones in the treatment of Type 2 Diabetes. Independence, OH. March 7, 2006.

455. New Insights into Initiating Insulin therapy. Willoughby, OH. March 8, 2006.

456. Type 2 Diabetes. Thiazolidinediones in the treatment of Type 2 Diabetes. Shaker Heights, OH. March 13, 2006.

457. Inpatient glucose control. Cleveland, OH. March 30, 2006.

458. Single agent efficacy of rosuvastatin in treating hypercholesterolemia. Mentor, OH. April 7, 2006.

459. Use of Symlin for Insulin Using Patients with Diabetes. Cleveland, OH. April 25, 2006.

460. Thiazolidinediones in the treatment of Type 2 Diabetes. Warren, OH. April 26, 2006.

461. Thiazolidinediones in the treatment of Type 2 Diabetes. UHHS Richmond Hospital Residents. Richmond Hts., OH. May 5, 2006.

462. Rational use of insulin. Marion, OH. May 11, 2006.

463. Thiazolidinediones in the treatment of Type 2 Diabetes. Beachwood, OH. May 17, 2006.

464. Rational use of insulin. Hudson, OH. May 18, 2006.

465. Rational use of insulin. Canton, OH. May 23, 2006.

Daniel Weiss MD

466. Thiazolidinediones in the treatment of Type 2 Diabetes. Pepper Pike, OH. May 25, 2006.

467. Rational use of insulin. Hudson, OH. June 1, 2006.

468. Rational use of insulin. Warren, OH. June 7, 2006.

469. Thiazolidinediones in the treatment of Type 2 Diabetes. Cleveland, OH. June 8, 2006.

470. Insulin treatment in Type 2 Diabetes. A Joslin Diabetes Center program. Moderator. Cleveland, OH. June 13, 2006.

471. Presenter at the American Academy of Nurse Practitioners' Annual Meeting: Diagnostic Challenges in Diabetes; Intensive Insulin Therapy; Combination Therapy to Optimize Glycemic Control on June 21 and 22, 2006. Grapevine, Texas.

472. Thiazolidinediones in the treatment of Type 2 Diabetes. Madison, OH. June 29, 2006.

473. Using insulin rationally. St Vincent Charity Hospital. Internal Medicine residents program. July 11, 2006.

474. Apidra and rational use of insulin. Allentown, PA. July 12, 2006.

475. Using insulin rationally; the inpatient setting. St Vincent Charity Hospital. Internal Medicine residents program. July 18, 2006.

476. Changing the paradigm for insulin delivery. A Joslin Diabetes Center program. Moderator. Cleveland, OH. July 25, 2006.

477. Thiazolidinediones in the treatment of Type 2 Diabetes. North Ridgeville, OH. July 28, 2006.

478. Thiazolidinediones in the treatment of Type 2 Diabetes. Elyria, OH. August 4, 2006.

479. Thiazolidinediones in the treatment of Type 2 Diabetes. Amherst, OH. August 8, 2006.

Daniel Weiss MD

- 480. Humalog and Humalog Mix regimens in insulin therapy. A teleconference. August 21, 2006.
- 481. Apidra and rational use of insulin. Elyria, OH. September 12, 2006.
- 482. Thiazolidinediones in the treatment of Type 2 Diabetes. Twinsburg, OH. September 13, 2006.
- 483. Diabetes, gastrointestinal hormones and incretins: clinical implications. A Joslin Diabetes Center program. Moderator. Cleveland, OH. September 21, 2006.
- 484. Thiazolidinediones in the treatment of Type 2 Diabetes. Mentor, OH. September 27, 2006.
- 485. Thiazolidinediones and Cardiovascular disease in Type 2 Diabetes. Moderator. Cleveland, OH. October 3, 2006.
- 486. Byetta and Symlin: agents in the treatment of diabetes. Independence, OH. October 4, 2006.
- 487. A novel approach to cardiometabolic risk reduction: the endocannabinoid system. Alliance Community Hospital, Alliance, OH. October 18, 2006.
- 488. Byetta : where it fits in the treatment of Type 2 Diabetes. Madison, OH. October 25, 2006.
- 489. Exubera. Woodmere Village, OH. October 26, 2006.
- 490. Byetta. A teleconference. October 27, 2006.
- 491. A novel approach to cardiometabolic risk reduction: the endocannabinoid system. Genesis Health Care System, Zanesville, OH. November 1, 2006.
- 492. Januvia and oral DPP 4 inhibition. Columbus, OH. November 1, 2006.
- 493. Januvia and oral DPP 4 inhibition. New Castle, PA. November 2, 2006.

Daniel Weiss MD

- 494. A novel approach to cardiometabolic risk reduction: the endocannabinoid system. Trumbull Memorial Hospital, Warren, OH. November 3, 2006.
- 495. Apidra and rational use of insulin. Niles, OH. November 8, 2006.
- 496. Thiazolidinediones in the treatment of Type 2 Diabetes. Akron, OH. November 9, 2006.
- 497. Treating Type 2 Diabetes. Woodmere Village, OH. November 14, 2006.
- 498. Exubera at the "Steps to Healthier Cleveland" symposium. Cleveland, OH. November 15, 2006.
- 499. Ethnicity, Diabetes, and Cardiovascular Disease. A Joslin Diabetes Center program. Moderator. Cleveland, OH. November 15, 2006.
- 500. Januvia and oral DPP 4 inhibition. Independence, OH. November 16, 2006.
- 501. Treating Type 2 Diabetes, Willoughby, OH. November 17, 2006.
- 502. Januvia and oral DPP 4 inhibition. Canton, OH. November 21, 2006.
- 503. Thiazolidinediones in the treatment of Type 2 Diabetes. Willoughby, OH. November 28, 2006.
- 504. Using Symlin in the treatment of diabetes. Toledo, OH. November 29, 2006.
- 505. Januvia and oral DPP 4 inhibition. Boardman, OH. December 5, 2006.
- 506. Januvia and oral DPP 4 inhibition. Pittsburgh, OH. December 6, 2006.
- 507. Apidra and rational use of insulin. Cleveland, OH. December 7, 2006.
- 508. Thiazolidinediones in the treatment of Type 2 Diabetes. Beachwood, OH. December 13, 2006.
- 509. Januvia and oral DPP 4 inhibition. Cleveland, OH. January 10, 2007.

Daniel Weiss MD

- 510. Januvia and oral DPP 4 inhibition. Akron, OH. January 11, 2007.
- 511. Options for insulin therapy. Madison, OH. January 16, 2007.
- 512. Thiazolidinediones in the treatment of Type 2 Diabetes. Independence, OH. January 17, 2007.
- 513. Options for insulin therapy. Painesville, OH. January 18, 2007.
- 514. Januvia and oral DPP 4 inhibition. Beachwood, OH. January 23, 2007.
- 515. Exenatide and Pramlintide. Cleveland, OH. January 24, 2007.
- 516. Januvia and oral DPP 4 inhibition. Vienna, WV. January 25, 2007.
- 517. Januvia and oral DPP 4 inhibition. Charleston, WV. February 6, 2007.
- 518. Exenatide in the treatment of Type 2 Diabetes. Mentor, OH. February 8, 2007.
- 519. Apidra and rational use of insulin. Vienna, OH. February 20, 2007.
- 520. Thiazolidinediones in the treatment of Type 2 Diabetes. Shaker Heights, OH. February 22, 2007.
- 521. Januvia and oral DPP 4 inhibition. Dayton, OH. February 27, 2007.
- 522. Thiazolidinediones in the treatment of Type 2 Diabetes. Beachwood, OH. February 28, 2007.
- 523. Insulin therapy and the use of Exubera. Warren, OH. March 16, 2007.
- 524. Thiazolidinediones and Type 2 Diabetes. Cleveland, OH. March 19, 2007.
- 525. Byetta. Wheeling, WV. March 20, 2007.
- 526. Type 2 Diabetes. Clarifying treatment options. Diabetes Association of Greater Cleveland Allied Health Professionals Symposium, Westlake, OH. March 22, 2007.

Daniel Weiss MD

- 527. Thiazolidinediones and Type 2 Diabetes. Mentor, OH. March 22, 2007.
- 528. Byetta and Symlin. Louisville, KY. March 27, 2007.
- 529. DPP-4 inhibition in the treatment of Type 2 Diabetes. Beachwood, OH. March 28, 2007.
- 530. Type 2 Diabetes. Clarifying treatment options. UHHS Geauga Hospital Grand Rounds. Chardon, OH. March 29, 2007.
- 531. Simple Flexible Insulin Therapy. Teleconference. March 29, 2007.
- 532. Rosuvastatin for treatment of hypercholesterolemia. Beachwood, OH. April 12, 2007.
- 533. Optimizing glucose control in Type 2 Diabetes: agent selection and using newer agents. St. Vincent Charity Hospital Medical Grand Rounds. Cleveland, OH. April 18, 2007.
- 534. Byetta. Morgantown, KY. April 19, 2007
- 535. Byetta. Lewisburg, KY. April 19, 2007
- 536. Byetta and Symlin. Bowling Green, KY. April 19, 2007
- 537. DPP-4 inhibition in the treatment of Type 2 Diabetes. Cranberry Township, PA. April 25, 2007.
- 538. Simple Flexible Insulin Therapy. Teleconference. April 26, 2007.
- 539. DPP-4 inhibition in the treatment of Type 2 Diabetes. Cleveland, OH. April 26, 2007.
- 540. Using insulin to optimize glucose control in the outpatient and inpatient setting. Euclid Hospital Grand Rounds. Euclid, OH. May 3, 2007.
- 541. Insulin therapy and the benefits of a basal/bolus approach. Cleveland, OH. May 4, 2007.

Daniel Weiss MD

- 542. New delivery devices for insulin administration. Willoughby, OH. May 9, 2007.
- 543. Symlin for patients on mealtime insulin. Vermilion, OH. May 10, 2007.
- 544. Single agent efficacy for dyslipidemia. Warren, OH. June 6, 2007.
- 545. Symlin for patients on mealtime insulin. Beachwood, OH. June 7, 2007.
- 546. ONLY PROGRAMS FOR WHICH CME CREDIT WAS OFFERED ARE SHOWN AFTER THE ABOVE DATE.
- 547. Diabetes and Heart Failure. Case Western Reserve University School of Medicine. June 10, 2008.
- 548. Rational use of insulin. UHHS Richmond Hospital. September 3, 2009
- 549. Prevention of Diabetic Complications; When is Diabetes Diagnosed. LakeHealth Diabetes Symposium. April 28, 2010.
- 550. Glycemic control for inpatients. Euclid Hospital Clinical Conference Lecture. Euclid, OH. October 28, 2010.
- 551. Insulin initiation and intensification at *Diabetes Day for Primary Care Physicians* co-sponsored by American Association of Clinical Endocrinologists. Cleveland, OH. November 13, 2010
- 552. How to use insulin. UHHS Richmond Medical Center Graduate Medical Education program. December 9, 2010.
- 553. The Endocrinology Club. Update of the ACCORD Trial. Clinical implications of the ACCORD trial to the management of Type 2 Diabetes. One of several presenters. March 10, 2011. Beachwood, OH.
- 554. Greater Northwest Ohio Diabetes Symposium. Insulin initiation and intensification. Findlay, OH. September 17, 2011.
- 555. Akron General Medical Center, Endocrine Grand Rounds: Enlightened Insulin Prescribing. Akron, OH. March 20, 2013.

Daniel Weiss MD

556. Unmet Needs in Treating Dyslipidemia. Woodmere, OH. October 22, 2013.

557. Pharmacotherapy for weight loss. Obesity Update 2014 symposium. Eastlake, OH. LakeHealth April 30, 2014.

558. "Diabetes and body weight" presented during Ohio AADE Diabetes Education Day on June 6, 2014. Independence, OH.

559. Diabetes: what's new to know for the outpatient and inpatient. LakeHealth Symposium on January 28, 2015.

Eastlake, OH.

560. Akron General Medical Center, Endocrine Grand Rounds:

Addressing the triple challenge of hypoglycemia, weight and glucose control. Akron, OH. February 3, 2016

561. Diabetes Symposium. LakeHealth. Served as moderator for this program with 4.0 Category 1 credits and presenter of:

Type 2 Diabetes and cardiovascular outcome trials: which agents have shown benefit?

AND Insulin in Type 2 Diabetes: what to do and what's new?

Eastlake, OH. January 24, 2018.

562. Treating Type 2 Diabetes; What you might not have considered, glycemic and non-glycemic factors at the Cleveland Academy of Osteopathic Medicine's 54<sup>th</sup> Annual January Seminar. Cleveland, OH. January 18, 2019.

563. Diabetes Treatment Overview. UHHS Family Medicine didactics (to residents). October 26, 2021.

564. Diabetes Treatment Overview. UHHS Family Medicine didactics (to residents). November 9, 2022



Daniel Weiss MD

*Note: Dr. Weiss continues to be an speaker presenting at programs across the United States. However, as of June 2007 only programs that were non-promotional in nature are listed above.*

#### XIV. Outpatient Teaching of Health Professionals in Training

Instruction of internal medicine residents 1-2 half days a week in the months of June and July 1995 from University Hospitals of Cleveland.

Teaching of 3<sup>rd</sup> year Family Practice Resident from the University Hospitals of Cleveland program: February 2004.

Teaching of 3<sup>rd</sup> year Internal Medicine Resident from the University Hospitals of Cleveland program: December 2004, February 2005

Teaching of Internal Medicine and Family Practice Residents from the osteopathic medicine programs of UHHS-Richmond Heights Hospital and Millcreek Community Hospital (Erie, PA): November 2005; March 2006, May 2006, September 2006, October 2006; May 2008, January 2009, August 2009, December 2009, January 2010, February 2010, March 2010, June 2010, November 2010, August-December 2011, January 2012, June 2012 then until 2020.

Teaching of medical students: April 2010, May 2013, February 2016, 2018, 2019, 2020

Daniel Weiss MD

Teaching of nurse practitioner students: July 2011, August 2014, July 2015, July 2016, 2018, 2019, 2020, 2021

Lecturer on Diabetes mellitus for the Ohio College of Podiatric Medicine:

2003

2004

2006

2007

#### XV. Inpatient Teaching Service

Internal Medicine Residents at Hillcrest Hospital

September 1992

May 1993

December 1993

July 1994

August 1996

#### XVI. Legal experience

Expert witness work:

1992-1993 US Air Flight 405 in which plaintiff claimed diabetes was the result of the air crash.

2021 in which the plaintiff claimed that a motor vehicle accident was the result of the person's uncontrolled diabetes

#### XVII. Participation in Clinical Trials

Daniel Weiss MD

1991 to 1997: Intranasal calcitonin for the prevention of osteoporotic vertebral fractures (PROOF). Study 320. Principal investigator; sponsor : Sandoz (Novartis)

1995 to 1997: The efficacy of fluoxetine in adult stuttering. Principal investigator of this investigator initiated trial.

1996-97.Comparative outcomes study of metformin vs. conventional approach. Principal investigator ( sponsor: Bristol-Myers Squibb)

1998 : A comparison of echocardiographic findings in patients treated with Redux (dexfenfluramine HCL) vs. matched obese patients not treated with anorexigens: a multicenter U. S. study. Principal investigator (sponsor: Interneuron Pharmaceuticals) Findings published in Circulation 1999; 100:2161-67.

1998: Tricor U.S. multicenter physician experience trial. . Principal investigator (sponsor:Abbott)

1998-99: An evaluation of the Serene support program in conjunction with Serzone for the treatment of depression. Principal investigator (sponsor:Bristol-Myers Squibb)

2000-2001: Omapatrilat Cardiovascular Treatment Versus Enalapril: OCTAVE. Principal investigator (sponsor: Bristol-Myers Squibb).

2000-2009: Action to Control Cardiovascular Risk in Diabetes (ACCORD) Trial. Principal investigator (sponsor: National Heart Lung and Blood Institute).

2001-2002: Antihypertensive Efficacy of Adding Candesartan Cilexetil to Lisinopril in Comparison to Up-titration of Lisinopril. Principal investigator (sponsor: Astra-Zeneca).

2001- 2003: A Randomized, Double-Blind, Placebo-Controlled, Multicenter, 24-week Study to Evaluate the Safety and Tolerability of Pyridorin (pyridoxamine dihydrochloride) in Patients with Diabetic Nephropathy Associated with Type 1 or Type 2 Diabetes. Sub-Principal investigator. (sponsor: Biostratum).

2002: A Phase 3, Randomized, Triple-Blind, Parallel-Group, Long-Term, Placebo-Controlled, Multicenter Study to Examine the Effect on Glucose Control (HbA1c) of AC2993 Given Two Times a Day in Subjects With Type 2 Diabetes

Daniel Weiss MD

Mellitus Treated With Metformin Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2002: A Phase 3, Randomized, Triple-Blind, Parallel-Group, Long-Term, Placebo-Controlled, Multicenter Study to Examine the Effect on Glucose Control (HbA1c) of AC2993 Given Two Times a Day in Subjects With Type 2 Diabetes Mellitus Treated With a Sulfonylurea Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2002: A Phase 3, Randomized, Triple-Blind, Parallel-Group, Long-Term, Placebo-Controlled, Multicenter Study to Examine the Effect on Glucose Control (HbA1c) of AC2993 Given Two Times a Day in Subjects With Type 2 Diabetes Mellitus Treated With Metformin and a Sulfonylurea. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2002-2004: An Open-Label Extension Study to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of AC2993 Given Two Times a Day to Subjects Treated With Metformin Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2004: An Open-Label Extension Study of Protocol to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of AC2993 Given Two Times a Day to Subjects Treated With Sulfonylurea Alone. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2004: An Open-Label Extension Study to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of AC2993 Given Two Times a Day to Subjects Treated With Metformin and a Sulfonylurea. Principal investigator. (sponsor: Amylin Pharmaceuticals)

2003-2005: Efficiency and Safety of Inhaled Technosphere/Insulin Compared to Technosphere/Placebo in Patients with Type 2 Diabetes Mellitus Following Diabetes Education. Principal investigator. (sponsor: Mannkind Corporation).

2004-2007: An Open-Label Study to Examine the Long-Term Effect on Glucose Control (HbA1c) and Safety and Tolerability of Exenatide Given Two Times a Day to Subjects With Type 2 Diabetes Mellitus. Principal investigator. (sponsor: Amylin Pharmaceuticals)

Daniel Weiss MD

2004-2006: A Multicenter, Randomized, Double-Blind Study to Compare the Effect of 24 Weeks Treatment with vildagliptin or Placebo in Drug Naïve Patients with Type 2 Diabetes. Principal investigator. (sponsor: Novartis Pharmaceuticals, Inc.)

2004-2005: Apidra (insulin glulisine) Administered in a Fixed Bolus Regime vs. Variable Bolus Regime Based on Carbohydrate Counting in Adult Subjects with Type 2 Diabetes Receiving Lantus (insulin glargine) as Basal Insulin: A Multicenter, Randomized, Parallel, Open-Label Clinical Study. Principal investigator. (sponsor: Sanofi-Aventis Pharmaceuticals)

2004-2007: A Three Year Safety and Tolerability Open-Label Follow-On Trial Evaluating Technosphere/Insulin in Subjects with Type 2 Diabetes Mellitus. Principal investigator. (sponsor: Mannkind Corporation).

2005: A Multicenter, Open-Label, Parallel 2:1, Randomized, Treat to Target Trial Comparing Efficiency and Safety of Insulin Detemir Versus Insulin Glargine Using a Basal/Bolus Regime with Insulin Aspart as Mealtime Insulin in Subjects with Type 2 Diabetes. Principal investigator. (sponsor: NovoNordisk).

2005: A Multicenter, Randomized, Double-Blind, Parallel-Design Study to Evaluate the Lipid-Altering Efficacy of 2 Formulations of MK-0524A. Principal investigator. (sponsor: Merck & Co., Inc.)

2005: A Multicenter, Randomized, Double-Blind, Placebo-Controlled, 1-Year Extension of the Phase IIa Clinical Efficacy Study (026-01) to Assess the Tolerability of a Combination Tablet. Principal investigator. (sponsor: Merck & Co., Inc.)

2005: A Multicenter, Randomized, Double-Blind, Parallel Group, 6-Week Study to Evaluate the Efficacy and Safety of Ezetimibe/Simvastatin Combination Tablet Versus Atorvastatin in Patients with Type 2 Diabetes Mellitus and Hypercholesterolemia. Principal investigator. (sponsor: Merck & Co., Inc.)

2006-2008: Effect of glycemic control of liraglutide versus glimepiride in Type 2 Diabetes. NN2211-1573. (sponsor: Novo Nordisk)

2006-2008: Pulmonary outcomes within a 2 year period in subjects with diabetes mellitus treated with study drug or usual anti-diabetic treatment and in

Daniel Weiss MD

subjects without abnormalities in glucose control. MKC-TI-030. (sponsor: Mannkind)

2006-2007: A 24-week multi-center, randomized, open-label study of study drug versus insulin in patients with Type 2 Diabetes mellitus. ACA401. (sponsor: Amylin).

2006-2008: A Multicenter, Randomized, Double-Blind Active-Controlled, Phase 3 Trial to Evaluate the Efficacy and Safety of Saxagliptin in Combination With Metformin IR as Initial Therapy Compared to Saxagliptin Monotherapy and to Metformin IR Monotherapy in Subjects With Type 2 Diabetes Who Have Inadequate Glycemic Control. (sponsor: Bristol-Myers Squibb)

2006-2008: The Collaborative Study Group Trial: The Effect of Sulodexide in Overt Type 2 Diabetic Nephropathy. KRX 101-401. (sponsor: Keryx).

2006-2008: The Collaborative Study Group Trial: The Effect of Sulodexide in Patients With Type 2 Diabetes and Microalbuminuria. KRX 101-301. (sponsor: Keryx).

2007-2008: A randomized, single and double-blind, three arm, parallel group, placebo controlled trial in patients with Type 2 Diabetes uncontrolled despite high doses of insulin plus insulin sensitizers. (sponsor: Bristol-Myers Squibb)

2008-2010: A multicenter study to evaluate the safety, tolerability and efficacy of E2007 in patients with painful diabetic neuropathy. E2007-G000-227. (sponsor: Eisai)

2008-2009: A Multicenter, Randomized Double-Blind, Placebo Controlled Study Comparing the Safety and Efficacy of multiple doses of study drug versus placebo in obese subjects with Type 2 Diabetes Mellitus. NB-304. (sponsor: Orexigen)

2007-2009: A Randomized Double-Blind, Placebo Controlled 24 week study to evaluate the efficacy and safety of study drug versus pioglitazone in subjects with Type 2 Diabetes. INT131-007(sponsor: Intekrin Therapeutics)

Daniel Weiss MD

2007-2009: A Randomized Double-Blind, Active-Controlled parallel group efficacy and safety study of study drug compared to glimepiride over two years in Type 2 diabetic patients with insufficient glycemic control despite metformin therapy. BI 1218.20 (sponsor: Boehringer Ingelheim).

2008-2009: A Randomized Double-Blind, Placebo Controlled parallel group efficacy and safety study of BI1356 over 24 weeks in Type 2 diabetic patients with insufficient glycemic control despite metformin therapy. BI 1218.17. (sponsor: Boehringer Ingelheim).

2009: A multicenter, randomized, placebo controlled "factorial" design 12 month study to evaluate the efficacy and safety of AVE5530 co-administered with all registered strengths of atorvastatin in patients with primary hypercholesterolemia. EFC 6911. (sponsor: Sanofi-Aventis).

2008-2011: A multicenter, randomized, placebo controlled trial of study drug in patients with Type 2 diabetes uncontrolled on pioglitazone with or without metformin. EFC 6017 GET GOAL P. (sponsor: Sanofi-Aventis)

2008-2009: Effect of glycemic control of study drug or exenatide added to metformin, sulphonylurea, or a combination of both in subjects with Type 2 diabetes. NN2211-1797. (sponsor: Novo Nordisk).

2008-2009: A randomized, open-label, parallel-group, comparator-controlled multicenter study to evaluate the glycemic effects, safety, and tolerability of weekly study drug in subjects with Type 2 diabetes mellitus. BCB 108. (sponsor: Amylin)

2008-2009: The effect of study drug compared to sitagliptin, both in combination with metformin in subjects with Type 2 diabetes. A 26 week, randomized open label active comparator three armed parallel group multicenter multinational trial with a 52 week extension. NN2211-1860. (sponsor: Novo Nordisk).

2006-2008: Observational Study of Safety and Tolerability of Levemir™ FlexPen™ (Insulin Detemir) in the Treatment of Type 1 and Type 2 Diabetes Mellitus

Daniel Weiss MD

2008-2009: Effect of Two Different Fasting Blood Glucose Targets on Glucose Control in Patients With Type 2 Diabetes Using Insulin Detemir Once Daily (TITRATE™). (sponsor: Novo Nordisk)

2008-2010: A randomized, double-blind, placebo-controlled, multi-center, Phase 2b study to evaluate the safety and efficacy of study drug in patients with nephropathy due to Type 2 Diabetes. Pyr-210. (sponsor: NephroGenex).

2009: Efficacy, Safety and Preference Study of a Comparator Insulin Pen PDS290 vs. a Novo Nordisk Marketed Insulin Pen in Diabetics. (sponsor: Novo Nordisk)

2009: A Phase 2, Randomized, double blind, placebo and active controlled multi-center study to determine the safety and efficacy of TAK-379 in subjects with Type 2 Diabetes. TAK-379-201. (sponsor: Takeda)

2009-2010: A Phase 3 multi-center, open label, randomized, clinical trial evaluating efficacy and safety of study drug in combination with Lantus versus Humalog in combination with Lantus in subjects with Type 1 Diabetes mellitus over a 16 week treatment period. MKC-TI-117. (sponsor: Mannkind)

2009-2010. A 12 week, double blind, placebo controlled trial of LY2428757 in patients with Type 2 Diabetes mellitus. 1-MC-GECD(a). (sponsor: Eli Lilly).

2009-2011: A randomized, double blind placebo controlled study to assess safety and efficacy of ISIS 301012 as add-on therapy in high risk hypercholesterolemic patients. ISIS 301012-CS12. (sponsor: Genzyme; Isis)

2009-2010: A Phase 3 randomized, double blind placebo controlled, parallel group, safety and efficacy study of BI 1356 compared to placebo as add-on to pre-existing antidiabetic therapy over 52 weeks in Type 2 diabetic patients with severe chronic renal impairment. BI 1218.43 (sponsor: Boehringer Ingelheim)

2008-2012: TRX4 Therapeutic Evaluation of Different Multi-Dose Regimens in Type 1 Diabetes Mellitus (TTEDD). (sponsor: Tolerx).

2008-2012: DEFEND-1: Durable response therapy evaluation for early or new onset Type 1 Diabetes. TRX4\_DM\_006\_NA-08. (sponsor: Tolerx)



Daniel Weiss MD

2009- 2011: A multicenter, randomized, double-blind, placebo controlled study to evaluate the safety and tolerability of oral study drug in subjects with euvolemic hyponatremia. CK-LX3430 with open label extension. (sponsor: Cardiokine)

2010-2012: A randomized, placebo controlled, 2 arm parallel group, multicenter study with a 24 week double blind treatment period assessing the efficacy and safety of study drug in patients with Type 2 Diabetes insufficiently controlled with insulin glargine and metformin. EFC 10781. (sponsor: Sanofi-Aventis)

2010: A trial comparing efficacy and safety of NN1250 and insulin glargine in subjects with Type 2 Diabetes. NN1250-3724. (sponsor: Novo Nordisk).

2010-2017: A randomized, placebo controlled clinical trial to evaluate cardiovascular outcomes after treatment with once weekly study drug in patients Type 2 Diabetes mellitus. (sponsor: Amylin, then AstraZeneca).

2010-2012: DEFEND-2: Durable response therapy evaluation for early or new onset Type 1 Diabetes. (sponsor: Tolervx).

2010-2017: A Randomized, Multicenter, Double-Blind, Parallel, Placebo-Controlled Study of the Effects of JNJ-28431754 on Cardiovascular Outcomes in Adult Subjects With Type 2 Diabetes Mellitus. (sponsor: Johnson and Johnson).

2010-2011: A Phase 3, Multi-Center, Placebo-Controlled, Randomized, Double-Blind, 12-Week Study to Evaluate the Effect of Two Doses of AMR101 on Fasting Serum Triglyceride Levels in Patients With Persistent High Triglyceride Levels ( $\geq 200$  mg/dL and  $< 500$  mg/dL) Despite Statin Therapy: The AMR101 ANCHOR Study. (sponsor: Amarin)

2010-2017: A Multicenter, Randomized, Active-Control, Phase 3B Study to Evaluate the Cardiovascular Safety and Efficacy of study drug and Allopurinol in Subjects With Cardiovascular Comorbidities, Hyperuricemia, and Gout. (sponsor: Takeda)

2010- 2011: An open label randomized multicenter study to assess patient preference for and evaluate clinical benefit of insulin glargine (Lantus®) SoloSTAR® pen versus conventional vial/syringe method of insulin glargine (Lantus®) injection therapy in patients with type 2 diabetes mellitus. Study 05191.

Daniel Weiss MD

(sponsor: Sanofi-Aventis).

2011- 2013: A Phase 3, multinational, randomized, double-blind, placebo-controlled, parallel-group study to investigate the clinical efficacy and safety of DiaPep277® in newly diagnosed Type 1 diabetes subjects. (sponsor: Andromeda Biotech).

2011-2012: Bardoxolone methyl evaluation in patients with chronic kidney disease and Type 2 diabetes: the occurrence of renal events (BEACON). (sponsor: Reata Pharmaceuticals).

2011-2012: Natural History Study of the Development of Type 1 Diabetes. NIH Trial-Net.

2011-2012: A Phase 3b, multi-Center, double-blind, placebo-controlled, parallel group, study to evaluate the effect of Dalcetrapib 600 mg on cardiovascular events in adult patients with stable coronary heart disease, CHD risk equivalents or at elevated risk for cardiovascular disease . (sponsor: Roche).

2012-2013: The impact of LY2605541 versus Insulin Glargine for patients with Type 1 Diabetes mellitus treated with preprandial insulin Lispro: a double blind, randomized 52 week study. The Imagine 3 study. (sponsor Lilly).

2012-2013: The impact of LY2605541 versus Insulin Glargine for patients with Type 2 Diabetes mellitus advanced to multiple injection bolus insulin with insulin Lispro: a double blind, randomized 26 week study. The Imagine 4 study. (sponsor: Lilly).

2012-2013: 6-Month, Multicenter, Randomized, Open-label, Parallel group, Study Comparing the Efficacy and Safety of a New Formulation of Insulin Glargine and Lantus both plus Mealtime Insulin in Patients with Type 2 Diabetes Mellitus with a 6-Month Safety Extension Period. EFC 11628 (sponsor: Sanofi-Aventis).

2012-2015: A multicenter, randomized, double-blind, placebo-controlled study assessing the occurrence of major adverse cardiovascular events in overweight and obese subjects with cardiovascular risk factor receiving naltrexone SR/bupropion SR. (sponsor: Orexigen Therapeutics)

Daniel Weiss MD

2012-2015: Effects on glycemic control and weight of a modified commercial weight control program for people with Type 2 Diabetes. (sponsor: Weight Watchers International, Inc.)

2012-2013: A 6-Month, Multicenter, Randomized, Open-label, Parallel-group Study Comparing the Efficacy and Safety of a New Formulation of Insulin Glargine and Lantus Injected in the Morning or Evening in Patients with Type 1 Diabetes Mellitus with a 6-month Safety Extension Period (sponsor: Sanofi Aventis)

2012-2013: Long-term safety and tolerability of REGN727/SAR236553 in high cardiovascular risk patients with hypercholesterolemia not adequately controlled with their lipid modifying therapy: a randomized, double-blind, placebo-controlled study. (sponsor: Sanofi-Aventis)

2013-2014: A comparison of LY2605541 once daily at a fixed time with LY2605541 variable time of dosing in patients with type 1 diabetes mellitus: An open label, randomized, crossover study. (sponsor: Lilly)

2013-2015: Efficacy and safety of FIAsp compared to insulin aspart both in combination with insulin detemir in adults with Type 1 Diabetes. onset 1. (sponsor: Novo Nordisk)

2013-2016: A trial comparing cardiovascular safety of insulin degludec versus insulin glargine in subjects with Type 2 Diabetes at high risk of cardiovascular events. Devote. (sponsor: Novo Nordisk).

2014-2015: The efficacy and safety of liraglutide as adjunct therapy to insulin in the treatment of Type 1 Diabetes. Adjunct One. (sponsor: Novo Nordisk)

2014-2015 : A randomized Phase 2, double-blind, placebo-controlled, treat-to-target, parallel group, 3-arm, multicenter study to assess the efficacy and safety of canagliflozin as add-on therapy to insulin in the treatment of subjects with Type 1 Diabetes mellitus. (sponsor: Janssen)

2015-2016: A phase 2 double-blind, placebo-controlled, dose-ranging study evaluating the efficacy, safety and tolerability of GS-4997 in subjects with diabetic kidney disease. (sponsor: Gilead Sciences)

Daniel Weiss MD

2015-2017: An open label, randomized, multi-center, parallel-group clinical trial comparing efficacy and safety of Mylan's insulin glargine with Lantus in Type 1 Diabetes mellitus patients. (sponsor: Mylan)

2016-2018: A randomized, active-controlled, parallel group, 16 week open label study comparing the efficacy and safety of the morning injection of Toujeo (insulin glargine U300) versus Lantus in patients with Type 1 Diabetes mellitus. (sponsor: Sanofi)

2016-2018: A 26 week randomized, open-label, active controlled, parallel group, study assessing the efficacy and safety of the insulin glargine/lixisenatide fixed ratio combination in adults with Type 2 Diabetes inadequately controlled on GLP-1 receptor agonist and metformin  $\pm$  pioglitazone, followed by a fixed ratio combination single-arm 26 week extension period. (sponsor: Sanofi)

2016-2020: Simponi to arrest Beta cell loss in Type 1 Diabetes. (sponsor: Janssen).

2016-2019: Efficacy and safety of oral semaglutide using a flexible dose adjustment based on clinical evaluation versus sitagliptin in subjects with Type 2 Diabetes mellitus. (sponsor: Novo Nordisk)

2017-2018: Efficacy and safety of fast-acting insulin aspart compared to NovoRapid® both in combination with insulin degludec with or without metformin in adults with Type 2 Diabetes (onset® 9). (sponsor: Novo Nordisk)

2017-2019: I8B-MC-ITRM: A prospective, randomized, double-blind comparison of LY900014 to Insulin Lispro with an open-label postprandial LY900014 arm, in combination with insulin glargine or insulin degludec, in adults with Type 1 Diabetes: PRONTO-T1D. (sponsor: Lilly)

2017-2019: EFC14868: A randomized, double-blind, placebo-controlled, parallel-group, 52-week multicenter study to evaluate the efficacy and safety of sotagliflozin in patients with Type 2 Diabetes who have inadequate glycemic control on basal insulin alone or in addition to oral anti-diabetes drugs (OADs). (sponsor: Sanofi)

Daniel Weiss MD

2018-2020: EFC14875: A randomized, double-blind, placebo controlled, parallel group, multicenter study to demonstrate the effects of sotagloflozin on cardiovascular and renal events in patients with Type 2 Diabetes, cardiovascular risk factors and moderately impaired renal function. The SCORED Trial. (sponsor: Sanofi)

2019: Long term effects of semaglutide on diabetic retinopathy in subjects with Type 2 Diabetes NN9535-4532 (FOCUS). (sponsor: Novo Nordisk)

2019-2021: Cardiovascular outcomes with oral semaglutide in subjects with Type 2 Diabetes NN9924-4473 (SOUL). (sponsor: Novo Nordisk)

XVIII. Speakers Bureaus and Advisory Boards: current  
Lilly

May 10, 2023